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COUNTY BOROUGH OF BOOTLE.



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1935.

F. T. H. WOOD, O.B.E., M.D (Lond.), B.S., B.Sc., D.P.H.

**Medical Officer of Health, School Medical Officer, Medical
Officer to the Public Assistance Committee, etc.**

BOOTLE :

**BOOTLE TIMES, LTD., 30, ORIEL ROAD.
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BOOTLE TOWN COUNCIL, 1934-1935.

†*HIS WORSHIP THE MAYOR (Mr. ALDERMAN SMITH).

§*Mr. ALDERMAN BOOTH, J.P.	Mr. COUNCILLOR HACKETT.
*Mr. ALDERMAN CLARK, J.P.	§*COUNCILLOR DR. HARRIS.
Mr. ALDERMAN CULLEN.	Mr. COUNCILLOR HARRISON.
Mr. ALDERMAN GARDNER, J.P.	Mr. COUNCILLOR HOLDEN.
Mr. ALDERMAN HARRIS, J.P.	Mr. COUNCILLOR HUGHES.
Mr. ALDERMAN HAWORTH, J.P.	Mr. COUNCILLOR JONES, J.P..
†*Mr. ALDERMAN HUGHES.	Mr. COUNCILLOR D. KELLY.
Mr. ALDERMAN KEENAN.	Mr. COUNCILLOR J. S. KELLY.
†§*Mr. ALDERMAN KINLEY.	Mr. COUNCILLOR McLAREN.
†Mr. ALDERMAN MAHON, J.P.	Mr. COUNCILLOR McMULLEN.
Mr. ALDERMAN PATRICK, J.P.	Mr. COUNCILLOR MAGUIRE, J.P.
Mr. COUNCILLOR A. E. ABBOTT.	†*Mr. COUNCILLOR MAHON.
Mr. COUNCILLOR ANDERSON.	Mr. COUNCILLOR MARSH.
Mr. COUNCILLOR ATHERTON.	Mr. COUNCILLOR MONKS.
Mr. COUNCILLOR D. B. BLACK.	Mr. COUNCILLOR OLSWANG.
Mr. COUNCILLOR R. A. BLACK.	Mr. COUNCILLOR O'NEILL, J.P.
Mr. COUNCILLOR BURNIE.	†Mr. COUNCILLOR RAINFORD.
Mr. COUNCILLOR CAIN.	Mr. COUNCILLOR RILEY.
Mr. COUNCILLOR CAMPBELL.	Mr. COUNCILLOR ROGERS.
†Mr. COUNCILLOR CLEARY.	§*COUNCILLOR MRS. SMITH, J.P.
†*Mr. COUNCILLOR CONNOLLY.	Mr. COUNCILLOR SPENCE.
†§*Mr. COUNCILLOR H. O. CULLEN.	Mr. COUNCILLOR SUMMERS.
Mr. COUNCILLOR DUNN.	Mr. COUNCILLOR WILLIAMS.

* Member of Health Committee.

§ Member of Maternity and Child Welfare Sub-Committee.

† Member of Housing and Town Planning Committee.

HEALTH COMMITTEE.

Chairman—COUNCILLOR DR. HARRIS.

Deputy Chairman—Mr. ALDERMAN KINLEY.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Chairman—COUNCILLOR MRS. SMITH.

Deputy-Chairman—COUNCILLOR DR. HARRIS.

This Committee consisted of members of the Health Committee (as indicated), together with co-opted members as follows:—

MRS. WEIR; MRS. GRANT.

HOUSING AND TOWN PLANNING COMMITTEE.

Chairman—Mr. ALDERMAN MAHON.

Deputy-Chairman—Mr. COUNCILLOR RAINFORD.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health, Administrative Tuberculosis Officer, and Medical Superintendent of the Corporation Hospitals—

F. T. H. WOOD, O.B.E., M.D., B.S., B.Sc. (Lond.), D.P.H. (Durh.).

Tuberculosis Officer and Deputy Medical Officer of Health—

R. HANNAH, M.C., M.B., Ch.B. (Edin.), D.P.H.

Assistant School Medical Officers and Assistant Medical Officers of Health—

Miss M. B. CLARKE, M.B., Ch.B., D.P.H. (Liverpool).

G. P. McCLOSKEY, M.B., B.Ch., B.A.O. (Belf.), D.P.H.

School Dental Surgeons—

H. B. DAWES, L.D.S.

L. W. SMITH, L.D.S. (part-time).

Corporation Hospital, Linacre Lane.

*Matron—*Miss S. L. BEVAN.

Maghull Sanatorium.

*Matron—*Miss E. HOLDEN, R.R.C.

Maternity Home.

*Matron—*Miss M. W. CLEARY.

Chief Sanitary Inspector, Inspector under the Food and Drugs Acts, and the Housing Acts, etc.—

12J. C. PALMER, M.C.

Sanitary Inspectors—

12B. J. HOLDEN.

1W. ROBSON.

12W. E. LEATHER.

123A. D. H. JOHNSTONE.

Clerical Staff—

H. A. BROWN, O.B.E. Miss WILSON. Miss THOMPSON. S. ASTLEY. Miss MAXWELL,
Miss BROWN. Miss BEATTIE. Miss GREEN. Miss SMITH. Miss W. MULHALL.
W. HALLETT.

*Chief Clerk and Vaccination Officer—*N. LOCKWOOD.

Health Visitors—

456Mrs. MEREDITH.

456Miss F. M. HUOHES.

458Miss STARK.

1458Miss SKINNER.

458Miss WILD.

458Miss LYNCH.

458Miss BROWN.

School Nurses—

8Miss A. HUGHES.

8Miss THOMAS.

8Miss DAVIES.

8Miss C. HUGHES
(Orthopaedics).

*Tuberculosis Nurse—*8Miss KELLY.

Part-time Officers.

<i>Medical Officer, Ante-Natal Clinic</i>	P. MALPAS, F.R.C.S.
<i>Medical Officer, Maghull Sanatorium</i>	A. HENDRY, M.D.
<i>Medical Officers, Venereal Diseases Clinic .</i>	{ W. L. WEBB, M.B., Ch.B.
	{ Miss R. NICHOLSON, M.B., D.P.H.
<i>Ophthalmic Surgeon</i>	E. ALLAN, M.B., Ch.B.
<i>Throat Surgeon</i>	C. YORKE, F.R.C.S.
<i>Orthopaedic Surgeon</i>	B. L. McFARLAND, M.D.
<i>Medical Officer, Aural Clinic</i>	I. A. TUMARKIN, M.B., Ch.B., F.R.C.S.
<i>Public Vaccinators</i>	{ A. W. HANLON, M.R.C.S., L.R.C.P.
	{ A. V. GLENDENNING, M.B., Ch.B., D.P.H.
<i>Pathologist</i>	Professor J. M. BEATTIE.
<i>Analyst</i>	W. H. ROBERTS, M.Sc., F.I.C.
<i>Veterinary Surgeon</i>	HENRY SUMNER, M.R.C.V.S.
<i>Rat Officer</i>	W. BORROWS.

1Certified Sanitary Inspector. 2Certified Inspector of Foods. 3Certified Smoke Inspector.

4Certified Health Visitor.

5Certified Midwife.

6Half-time Tuberculosis Visitor.

7Assistant Inspector of Midwives.

8Trained Nurse.

HEALTH DEPARTMENT,
TOWN HALL,
BOOTLE.

April 1936.

*To the Mayor, Aldermen and Councillors
of the County Borough of Bootle.*

MR. MAYOR, MRS. COUNCILLOR SMITH, AND GENTLEMEN,

I have the honour to present the sixty-third Annual Report on the work of the Health Department.

Attention may be directed to the following features of interest during the year:—

- (1) A continuance of the relatively high birth rate of 21·4 per 1,000 of the population.
- (2) A slight fall in the death rate to 12·8 per 1,000 of the population, a figure which has been bettered only in 1924 and 1930.
- (3) A rise in the infantile mortality rate from the record low figure recorded in 1934 to 92 per 1,000 births.
- (4) The maintenance of the consistently low maternal mortality rate, the figure being 1·2 per 1,000 live births.
- (5) A decrease to 1·18 per 1,000 of the population in the death-rate from all forms of tuberculosis.
- (6) The termination of the period of high incidence of diphtheria which has operated since 1930.
- (7) The undertaking of the overcrowding survey called for by the Housing Act, 1935, the findings of which are summarised on pages 60 to 62 of this Report. Attention is drawn to the reservations which it is there suggested should be applied to the resultant estimate of new house building required to place the overcrowded families so ascertained outside the minimum standards of accommodation of the Act.

I have pleasure in recording my indebtedness to the Chairman and members of the Health Committee for the sympathetic reception given to recommendations made for the maintenance and development of public health work in the Borough. In acknowledging the continued good service of my colleagues in the Department, upon whom additional strain was placed during the year, I regret to record the long absence through ill-health of Mr. J. C. Palmer, Chief Sanitary Inspector.

I have the honour to be,

Your obedient servant,

F. T. H. WOOD,

Medical Officer of Health.

STATISTICAL SUMMARY FOR 1935.

Population (Registrar-General's estimate) at mid-year 1935 ...	76,500
Area in Acres (exclusive of Dock Estate—337)	1,610
Population at Census of 1931	76,770

Census.	Per occupied dwelling.	
	No. of persons.	No. of families
1911	5·6	1·12
1921	5·6	1·17
1931	5·03	1·18

Inhabited houses (end of 1935) according to Rate Books ...	16,391
Uninhabited houses (end of 1935) according to Rate Books ...	267

	Total.	Males.	Females.		
Live Births—Legitimate ...	1,582	807	775		
Illegitimate ...	54	28	26		
	<hr/>	<hr/>	<hr/>		
Total ...	1,636	835	801	Birth Rate	21·4

Still Births, 79.	Rate per 1,000 total (live and still) births	46·1
Deaths	980	Death Rate 12·8
Number of women dying in, or in consequence of, childbirth—		

	Deaths.	Rate per 1,000 total (live and still) births
From sepsis	1	0·58
From other causes ...	1	0·58
Death Rate of Infants under one year of age per 1,000 live births—Legitimate, 88; Illegitimate, 204; ... Total		92
Deaths from Measles (all ages)		26
Deaths from Whooping Cough (all ages)		5
Deaths from Diarrhoea (under 2 years of age)... ..		9
Death Rate from Respiratory Tuberculosis per 1,000...		1·05
Death Rate from all forms of Tuberculosis per 1,000...		1·18
Natural increase of the population during the year		656
Number of deaths of Infants (under the age of one year) ..		150

The Rateable Value of the Borough for 1935-36 was £503,828

A Penny Rate on the Borough Fund produced in 1935-36 ... £1,878

In 1935-36 the General Rate was 13/9d. in the pound (excluding water rate and charges).

The cost of the Health Services during 1935-36 is estimated at £31,814 approximately, equivalent to a rate of 1s. 4·97d. in the pound.

COUNTY BOROUGH OF BOOTLE.
ANNUAL REPORT
 OF THE
MEDICAL OFFICER OF HEALTH

I.—VITAL STATISTICS.

Population.—At the Census in 1881 the population enumerated was 27,374; in 1891, 49,217; in 1901, 58,556; in 1911, 69,876; in 1921, 76,487; and in 1931, 76,770.

In April 1936, the Registrar-General intimated that his estimate of population at mid-year 1935 was **76,500**, a decrease of 300 from the previous year, and this figure has been used in calculations of statistics throughout this report.

Births.—During the year there were registered 1,636 births to Bootle parents, representing a birth-rate of **21·4 per 1,000** of the population, that for England and Wales being 14·7. In 1934 the Bootle birth-rate was 21·4 and for the decennium 1925-1934 it was 22·8. There were 835 males and 801 females. It will be noted that the birth-rate, which reached a post-war maximum of 29·7 in the first quarter of 1920 and has since then progressively declined, except for checks in 1930 and in 1932, is the same as in the two preceding years. The national birth-rate, which has always been lower than that for Bootle, however, showed a small fall.

Period.	BOOTLE.		ENGLAND & WALES.
	Total Births.	Rate per 1,000.	Rate per 1,000.
1873—1880 ...	6,846	38·6	35·4
1881—1890 ...	15,508	36·8	32·4
1891—1900 ...	17,716	33·2	29·9
1901—1910 ...	20,468	32·3	27·2
1911—1920 ...	20,748	27·6	21·8
1921—1930 ...	18,884	22·8	18·4
1931 ...	1,667	21·6	15·8
1932 ...	1,768	22·9	15·3
1933 ...	1,652	21·4	14·4
1934 ...	1,644	21·4	14·8
1935 ...	1,636	21·4	14·7

The illegitimate births numbered 54, and were 3·3 per cent. of the total. In 1934 the total number was 49, and in 1933, 54.

Deaths.—The total number of deaths of Bootle residents during 1935, whether within or without the Borough, was 980; this figure includes 85 (excluding 46 deaths of “non-residents”) who died in institutions within the Borough, 390 who died in transferred institutions in Liverpool, 53 who died in hospitals outside the Borough, and 15 who died in mental hospitals, making a total of 592 deaths in institutions. The death-rate for 1935 was, therefore, **12·8 per 1,000** of the population, as compared with 12·9 in 1934, and 13·9 in 1933.

The death-rate in Bootle for the decennium 1921-1930 was 13·5, and for 1911-1920, 17·1. The crude death-rate of the 121 great towns of England and Wales during 1935 was 11·8, the same figure as in 1934. The table below demonstrates the general downward trend of both national and local rates since the beginning of the century.

Period.	BOOTLE.		ENGLAND & WALES
	Total Deaths	Rate per 1,000	Rate per 1,000.
1873—1880 ..	3,823	21·7	21·2
1881—1890 ..	8,260	19·9	19·1
1891—1900 ..	10,942	20·6	18·2
1901—1910 ...	11,400	17·8	15·4
1911—1920 ...	12,470	17·1	14·3
1921—1930 ...	10,336	13·5	12·1
1931 ...	1,140	14·8	12·3
1932 ...	1,027	13·3	12·0
1933 ...	1,075	13·9	12·3
1934 ...	990	12·9	11·8
1935 ...	980	12·8	11·7

The death-rate during the first quarter of the year was 13·5, during the second, 11·5; the third, 10·6; and the fourth, 15·5.

The number of deaths which occurred in institutions was 592, *i.e.*, 60 per cent. of the total deaths, as compared with 55 per cent. in 1934.

The increasing use made of institutions for the accommodation of cases of terminal illness is illustrated by the above figure, which compares with a percentage of 29 in 1920.

Comparability of Crude Death Rates.—If the populations of all areas were similarly constituted as regards the proportions of their sex and age group components, their crude death rates (deaths per 1,000 population) could be accepted as valid comparative measures of the mortalities experienced by the several populations.

In practice, however, populations are not thus similarly constituted and their crude death rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in their population constitution, the two elements being combined in indistinguishable proportions. In order to isolate the mortality factor it is first necessary to identify and remove the population variable.

For this purpose the Registrar-General has supplied a "Comparability Factor" by which the crude death rate of the area should be multiplied in order to make it comparable, from a mortality point of view, with the crude death rate of the country as a whole or with the mortality of any other local area, the crude death rate of which should be similarly modified with its own factor for the purpose.

In the case of Bootle the comparatively youthful nature of the population results in the comparability factor being 1.18 with a rise in the adjusted death rate to 15.1. The standardized death rate based upon the constitution of the 1901 population as regularly used by the Registrar-General in his annual reviews is, however, 12.4, a lower figure than the crude death rate.

Mortality in Relation to Sex.—There were 526 deaths of males, and 454 of females. This represents a male excess mortality of approximately 29.8 per cent. after allowing for the smaller proportion of males in the population. The causes chiefly accounting for male excess are in order of importance, violence, bronchitis, pneumonia, pulmonary tuberculosis, and nephritis.

Mortality in Relation to Old Age.—The following table demonstrates the fact that people are surviving until later ages, and shows

that the number of people surviving to the age of 65 and over has increased to such an extent this century that 35·0 per cent. of the deaths in Bootle at the present day are of persons aged 65 or over, whereas in the first decade of this century the contribution to the general death-rate made by persons over 65 was only 15·5 per cent.

Period.	DEATHS.		Percentage over 65 Years.
	Total.	Over 65 Years.	
1901—1905 ...	5,671	849	14·8
1906—1910 ...	5,729	923	16·1
1911—1915 ...	6,259	1,197	19·1
1916—1920 ...	6,211	1,304	21·0
1921—1925 ...	5,230	1,352	25·8
1926—1930 ...	5,106	1,533	30·1
1931 ...	1,140	396	34·7
1932 ..	1,027	349	34·1
1933 ...	1,075	390	36·2
1934 ...	990	329	33·2
1935 ...	980	343	35·0

An examination of the ages at death of individuals in this age-group shows that there were 110 deaths at years 65 to 70, 82 deaths at years 70 to 75, 65 at years 75 to 80, 58 at years 80 to 85, 24 at years 85 to 90, 3 at years 90 to 95, and 1 aged 98 years.

Infantile Mortality.—There were 150 deaths of infants, compared with 126 in 1934, and 146 in 1933. The infantile mortality rate was **92 per 1,000** births, compared with 77 in 1934, and 89 in the decennium of 1924-1933. An examination of the factors underlying the rise in infantile mortality during the year is made on page 53.

The rate of infantile mortality amongst males was 102 and amongst females 81. Throughout England and Wales the rate of infantile mortality was 57 per 1,000 births, and in the 121 great towns it was 62.

The great decline in the infantile mortality rate began substantially in the decennium 1901-1910, during which period active measures were first instituted to secure such a reduction. The following table demonstrates in terms of lives saved what in fact such a decline really means.

DEATHS OF INFANTS UNDER ONE YEAR.			
Years.	Actual recorded Deaths.	Number which would have been recorded had the rate of mortality observed over 1901-10* still prevailed.	Saving.
1911—1915 ...	1434	1596	162
1916—1920 ...	1031	1474	443
1921—1925 ...	912	1480	568
1926—1930 ...	793	1314	521
1931 ...	159	247	88
1932 ...	152	262	110
1933 ...	146	241	95
1934 ...	126	243	117
1935 ...	150	242	92

* Rate of mortality 1901-1910 was 148 per 1,000 births.

From the above table it will be seen that in the decennium 1921-1930 Bootle saved 1,089 infant lives over and above what it was saving in the relatively good decennium 1901-1910, with further savings of 502 during the five subsequent years.

Fifty-five children died before they were a week old, and a total of 73, or 48·7 per cent., of all the deaths under one year, occurred in children under the age of one month. This is a neo-natal mortality rate of 44·6 per 1,000.

Young Child Mortality.—In 1935 there were 56 deaths of children aged 1 to 5 years, as compared with 73 in 1934. The principal causes were—measles 18, pneumonia 14, diphtheria 4, tuberculosis 4, violence 3, and meningitis 1.

Uncertified Deaths.—Seventy-two deaths (53 of residents and 19 of non-residents) were the subject of a Coroner's inquest, while in 27 cases the death was registered without certification by a medical man or a Coroner; this is equivalent to 2·8 per cent. of deaths uncertified.

CAUSES OF DEATH.

The causes of death, classified according to age, are shown in the table on page 70. The table below sets out the principal certified causes of death.

Year 1935.	No. of Deaths.	Proportion per 1,000 Deaths	
		Booth, 1935.	England & Wales, 1934
Bronchitis, pneumonia and other respiratory diseases	179	183	105
Cancer, malignant diseases	120	122	132
Diseases of heart and circulation ...	123	126	282
Tuberculosis (all forms)	90	92	65
Epidemic diseases	50	51	33
Diseases of the nervous system	72	73	82
Prematurity and congenital debility ...	52	53	32
Violence	39	40	48
Diseases of digestive system	29	30	55

Epidemic Diseases.—The epidemic diseases (excluding influenza) were responsible for 50 deaths, as compared with the average of 79.9 during the preceding ten years. There were 26 deaths from measles, the same number as in 1934; 8 deaths from diphtheria, as against 36 in 1934; 5 deaths from whooping cough, as against 2; 2 deaths from scarlet fever, as in the previous year. The deaths from diarrhoea and enteritis were 9, as against 14 during 1934; all were of children under two years of age.

Respiratory Diseases.—The death-rate from respiratory diseases rose somewhat from the relatively low figures that had been recorded in recent years. Pneumonia was responsible for 112 deaths, bronchitis for 45, and other respiratory diseases for 22, making the total deaths from respiratory diseases (excluding influenza and tuberculosis) 179, or 18.3 per cent. of the total deaths at all ages, as compared with 165, or 16.7 per cent. in 1934. Influenza was entered as a cause of death in 12 cases, the same number as in the preceding year.

The table below shows the seasonal nature of deaths from diseases of the respiratory system (excluding tuberculosis and influenza).

Month.	No. of Deaths.	Death-rate per 1,000 living.	Month.	No. of Deaths.	Death-rate per 1,000 living.
January	15	0.20	July	5	0.07
February	17	0.22	August	10	0.13
March	22	0.29	September	10	0.13
April	9	0.12	October	21	0.27
May	12	0.16	November	27	0.35
June	12	0.16	December	19	0.25

Cancer.—Cancer was registered as the cause of death in 120 cases, as compared with 124 in the preceding year. This represents a cancer crude death-rate of 1·58 per 1,000 of the population as compared with 1·01 during the years 1911 to 1920, with 0·78 per 1,000 during the first ten years of this century, and with 0·55 during the ten years 1891 to 1900. The corresponding rate for England and Wales in 1935 was 1·59, and in part the rise in incidence is a measure of the greater proportion of persons of higher age in the population, for a characteristic of malignant disease is its special tendency to attack those over middle age.

ECONOMIC CONDITIONS.

Valuable information as to economic conditions having a bearing on the health of the town is obtained from data kindly supplied by the Clerk to the Public Assistance Committee, by the Ministry of Labour, and by the Clerk to the Bootle Insurance Committee.

It appears that during the year 1935 £113,130 8s. 0d. was expended in outdoor relief, including £62,170 5s. 6d. to unemployment cases (comparable figures for 1934 were £107,808 and £58,020). Further, the annual return of persons in receipt of Poor Relief on the night of 1st January 1936 shows 548 persons to have been in receipt of institutional relief, of whom 67 were persons not suffering from sickness, accident, or bodily or mental infirmity, and 6,751 persons to have been in receipt of domiciliary relief, of whom 2,821 were relieved on account of unemployment. The total number of persons in receipt of Poor Relief on 31st December 1935 was equivalent to 954 per 10,000 of the population, as compared with 951 in 1934.

Returns of the Ministry of Labour show that at the undermentioned dates the following numbers of insured men and women were recorded as unemployed and resident in the Borough, namely:—

				Men.	Women.
January 28th 1935	...	..	..	6,741	810
April 15th 1935	...	..	...	6,999	710
July 22nd 1935	...	...	..	6,334	768
October 21st 1935	...	...	...	7,048	812
January 20th 1936	...	...	...	6,968	899

The following table summarises conditions as to unemployment and public assistance for the past six years:—

Year.	Approximate monthly average of unemployed adult males.	Persons in receipt of relief on 1st January.		Total cost of outdoor relief.
		Institutional	Domiciliary	
1930	9202	481 (31/3/30)	2184	£ 36,268
1931	7598	475	2864	47,865
1932	7013	375	3936	64,999
1933	6926	455	5659	82,843
1934	6476	431	6871	107,807
1935	6780	410	7270	113,130

As regards National Health Insurance, the total number of insured persons in the Borough on 10th October 1935 was 31,133, or 40·7 per cent. of the total population. There was a small increase in the number of prescriptions made up during the year. It will be recalled that the number of prescriptions dispensed for insured persons rose from 50,738 in 1921 to 146,006 in 1934, with a corresponding increase in the annual cost of medicines from £1,955 to £4,558; while this year the experience is 153,420 prescriptions at a cost of £4,745 17s. 8d.

II. GENERAL PUBLIC MEDICAL TREATMENT.

The control of the transferred medical services remains with the Public Assistance Committee, although in November 1931 the Council delegated to the Health Committee the powers contained in Part I of the Local Government Act, 1929, with respect to the provision of hospital accommodation.

INSTITUTIONAL ACCOMMODATION FOR THE SICK.

By agreement continuing until April 1950 arrangements have been made for the reception of Bootle sick into the hospitals transferred to the Liverpool City Council after passing of the Local Government Act, 1929.

During the year the total admissions to the transferred hospitals numbered 4,088, of which figure, it may be noted, 1,996 were admissions on the orders of medical superintendents or masters, implying urgent conditions in which it was inadvisable to go through the ordinary

routine of application to a Relieving Officer. In the form in which weekly returns are received it is not easy to ascertain with certainty the number of sick persons (hospital or infirmary patients) as contrasted with those not in need of medical service, but it appears that the average weekly totals of persons chargeable to Bootle in transferred institutions (including able-bodied adults) in the four quarters were respectively 415, 421, 398 and 457, showing a weekly average of 423 during the whole of the year. These figures do not include mental patients chargeable to the Authority, the average weekly number of which was 193 during the year.

The following table, prepared by the Medical Officer of Health of Liverpool at the request of the Ministry of Health, gives a classification of such sick on 31st December 1935:—

CLASSIFICATION OF SICK IN INSTITUTIONS.

Classification of Wards.	Men	Women	Children under 16 years of age	Total
1. Medical	63	73	—	136
2. Surgical	41	36	—	77
3. Chronic Sick*	11	22	—	33
4. Children	—	—	67	67
5. Venereal	2	4	—	6
6. Tuberculosis	1	—	4	5
7. Isolation	11	4	2	17
8. Maternity	—	33	—	33
9. Mental—				
(a) Lunacy Act, 1890 --				
(i) Short Stay	—	1	—	1
(ii) Long Stay	9	15	—	24
(b) Mental Treatment Act				
(i) Voluntary	—	—	—	—
(ii) Temporary	—	—	—	—
10. Mental Defectives	20	1	2	23
11. Other	1	—	—	1
Totals ...	159	189	75	423

* Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical and nursing needs approximate to those of chronic patients.

DOMICILIARY MEDICAL ATTENDANCE.

The administration of medical out-relief included in the functions transferred to the Council on 1st April 1930 is controlled by the Public Assistance Committee acting through the Medical Officer of Health.

For this purpose the Borough remained divided into three districts, each under the care of a District Medical Officer; drugs and medical requisites for Districts Nos. 1 and 2 were dispensed at Cyprus Grove, and such requirements for District No. 3 were dispensed on prescriptions made up by local chemists at charges assessed by the South-West Lancashire and Cheshire Joint (Prescriptions) Committee. As from April the work of the District Medical Officers was facilitated by the attendance of a District Nurse at each medical session at Cyprus Grove.

More than a three-fold increase in the demand on the services of the District Medical Officers has taken place since the transfer of Poor Law duties to the Council in 1930, as is illustrated by the following figures of average weekly attendance for medical treatment at Cyprus Grove in the fourth quarter of each year from 1930, viz., 167, 221, 239, 314, 477 and 550 respectively.

Examination of the returns of surgery consultations and home visits during the year showed the weekly average to have been 208 surgery consultations and 15 home visits in District No. 1, and 95 consultations and 13 visits in District No. 2, and 178 consultations and 19 visits in District No. 3.

The weekly average is, of course, largely exceeded during the winter months, and the consideration of, *inter alia*, such rising volume of work led the Public Assistance Committee to re-examine the open-choice system of providing domiciliary medical attendance on the sick.

This open-choice system involves the appointment and employment of all local practitioners who signify their willingness to undertake the obligation of medical attendance for the sick poor on the Relieving Officer's orders in return for remuneration on an agreed basis. The sick person would choose his or her own doctor and would attend at the doctor's surgery, or be seen at the patient's own home, on the same footing as if payment were made privately or through National Health Insurance funds.

The advantages of such a scheme include a reduction to the minimum of any association between the giving of medical assistance and the relief of destitution, the exercise of the patient's own choice of doctor, the saving of time to patients, and such elasticity in working as to effect automatic adjustment with the seasonal variation in sickness or with an alteration in the size of the district.

Having in mind these advantages the Public Assistance Committee accordingly decided to accept as from 1st April 1936 the offer of local practitioners to provide such service at a remuneration of 3s. 6d. per person treated per quarter, in spite of the realisation that the immediate cost would be higher and that there would be a tendency to further increase with the removal of any deterrent effect attaching to the former system.

VACCINATION.

According to information supplied by the Vaccination Officer, 1,143 successful primary vaccinations and six successful re-vaccinations were performed during the year ended 30th September 1935, as compared with the previous year's figures of 1,245 and seven respectively.

Appendix 15 presents the Annual Return of the Vaccination Officer respecting vaccination of children whose births were registered from 1st January to 31st December 1934, inclusive.

III. SANITARY CIRCUMSTANCES.

Drainage and Sewerage.—The Sewerage System is entirely by discharge into the River Mersey, with drainage areas and outfalls as described in the Report for 1930.

Closet Accommodation and Scavenging.—Every house, with the exception of three in the outlying parts of Orrell, is provided with one water closet or more, the conversion of middens having been completed in 1910. Similarly all houses are provided with ashbins, the conversion of ashpits having been completed in 1932.

SANITARY INSPECTION OF THE DISTRICT.

The Staff for this work consists of the Chief Sanitary Inspector with four assistants, one of whom is engaged principally on special duties in connection with food inspection.

Nuisances.—On page 84 will be found a tabular statement showing the number of inspections made, and notices served by the Chief Sanitary Inspector. It will be noted that the number of nuisances for which notices were served on owners and occupiers was 4,356, as against 4,796 in 1934; the other work done under the Housing Acts is set out in the Housing Section of this report on pages 59 to 66.

Fertilizers and Feeding Stuffs Act, 1926.—No sample of fertilizers or feeding stuffs was obtained during the year.

Rag Flock Acts, 1911 and 1928.—There are no premises in the Borough where rag flock is manufactured, sold, or used.

Rats and Mice Destruction Act, 1919.—The occupiers of food shops, cafes, etc., have been frequently advised during the year as to the best means of ridding the premises of rats, and, in some cases, alterations of shops, and concreting of floors have been undertaken with excellent result. The Rat Officer has been advised of all complaints received, to which he has given special attention, but it should be remembered, the fertility of the rat being what it is, that the usefulness of his services cannot be measured in terms of rats caught, and that his work is justified in so far as he ensures the exclusion of rats from places that matter, such as food-stores and dwelling-houses.

For National Rat Week in November advertisement of the fact of the responsibility of occupiers was inserted in the local Press, and requests were sent to horse keepers, millers, warehouse owners, etc., to make special efforts during the week, together with the circulation of a pamphlet giving suggestions as to suitable methods of ridding their premises of rats.

Common Lodging Houses.—There are four Common Lodging Houses in the Borough. They are all registered for the accommodation of men only, and between them have 168 beds. They were regularly inspected and a satisfactory standard of cleanliness was always maintained.

Canal Boats Acts, 1877 and 1884.—During the year 69 visits of inspection were made to canal boats on the Leeds and Liverpool Canal in the Borough. Written notices were served in respect of 2 boats for infringements of the Acts or Orders, and 5 defects were remedied after verbal caution had been given.

Verminous Infestation.—During the year the problem of the prevalence of infestation of dwellings by bed-bugs continued to receive careful attention.

Occupied corporation houses found to be the subject of verminous infestation were fumigated by sulphur, and the family bedding was treated by steam disinfection; 77 houses were so dealt with.

As to new tenancies the last Annual Report referred to the fact that as from December 1934 the furniture and bedding of families transferred to municipal houses from the Pleasant View Clearance Area and the Miller's Bridge Improvement Area were treated for bugs—the furniture by fumigation with hydrogen-cyanide and the bedding by exposure to steam. Such treatment having proved effective in 77 cases dealt with by private contractors, the Council decided to erect its own cyanide fumigation station on land available at the Refuse Destructor station; a specially-designed steel container-van and a horse-drawn lorry were purchased, and the station commenced working in May 1935. All tenants taking up occupation of municipal houses now have their furniture loaded into the container, taken to the station for five hours' treatment and delivered the same day to the new residence completely free of vermin.

The success of the treatment is evidenced by the fact that each of 140 tenants whose furniture and effects were dealt with during the year has been re-visited at intervals of six weeks and careful inspection has failed to reveal any recurrence of the infestation.

During the financial year 1935-36 the cost (excluding capital charges) per van-load removed and treated by the Council's own staff and plant was £2 5s. 6d., as against £4 5s. 0d. on private contract, and on the basis of 200 removals per annum the capital cost of the station, transport and equipment will be recovered in less than two years from the date of opening.

Smoke Abatement.—Bootle is represented on the recently constituted West Lancashire and Cheshire Regional Smoke Abatement Committee, and one of the objects of this Committee is to bring about a more uniform administration of the law relating to the emission of smoke from chimneys.

Under Section 2 of the Public Health (Smoke Abatement) Act, 1926, a bye-law was made by the Council in December 1930 enacting

that the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes from a chimney other than a dwelling house shall be presumed to be a nuisance.

There are approximately 81 industrial chimneys in the Borough, to which some 89 boilers of all types are connected. In eleven instances mechanical stokers of modern design are fitted, and in four instances oil fuel is in regular use; in addition there are some twelve furnaces used for metal smelting.

During the year 31 observations of chimneys were made, and in 19 instances smoke was noted as emitted in excessive quantities; in each case the premises were visited by the inspector, who investigated the cause and advised as to prevention. Intimation notices were also served in three instances.

Shops Act 1934.—The administration of the Shops Act 1934, Section 10, was delegated to the Health Committee as from April 1st 1935. Progress made in regard to the provision of suitable arrangements for the health and comfort of shop-workers, as provided for in that Section, can be summarised as follows:—

Provision of sufficient sanitary conveniences	...	27
„ „ „ washing facilities	... ..	28
„ „ facilities for taking meals	... ..	4
„ „ suitable ventilation	... ..	10

SWIMMING BATHS.

In compliance with the request of the Ministry of Health I append the following information kindly supplied by the Borough Engineer with regard to the Public Swimming Baths in the Borough, and the means taken to ensure a satisfactory condition of the water.

BALLIOL ROAD BATHS.—Both baths are covered and the Gentlemen's Plunge Bath has a capacity of 93,000 gallons, and the Ladies' Plunge Bath a capacity of 42,000 gallons.

The baths are filled with sea water pumped from the docks adjoining the River Mersey. The baths work on the "fill and empty" system, the two baths being emptied and refilled on alternate days, so that the water remains in each bath for about 48 hours. Before entering the bath the water passes through a slow sand filter.

The heating is accomplished by blowing live steam into each bath until the desired temperature is reached, the steam being supplied by two Cornish Boilers.

The slow sand filter gives the bath water a fair standard of clarity and appearance. When the baths are empty the sides and bottoms are swilled down with a disinfecting solution before refilling takes place.

Bacterial analyses of samples of bath water taken at intervals during the summer of 1935 gave high bacterial counts.

MARSH LANE BATHS.—This also is a covered bath with a capacity of 65,000 gallons, filled with sea water from the docks, and kept open all the year round.

This bath has a filtration-heating-aeration-chlorination system (installed in 1927) with a turn-over period of four and a half hours. Water is renewed every three months. Heating is effected by a steam calorifier supplied from a Lancashire Boiler.

To ensure the purity of the water tests are taken daily for clarity, and four times daily for alkalinity and chlorine content.

Bacterial analyses which have been carried out from time to time have given very satisfactory results.

A full-time Baths Engineer is in charge of both baths, and reports frequently to the Borough Engineer on their condition.

IV. SANITARY CONTROL OF THE FOOD SUPPLY.

One of the Sanitary Inspectors holding the special Food Certificate of the Royal Sanitary Institute is engaged for a large part of his time on work connected with the food supply, the sanitary supervision of which is undertaken in order to secure cleanliness in the preparation and distribution of foodstuffs, and to diminish the risk of possible infection thereof with disease-producing bacteria.

MILK SUPPLY.

Source of Milk Supply.—That portion of the milk supply of the Borough not brought by rail or road is derived from cows kept in shippens, of which there are now 18 in the Town; the cows number approximately 260, a further decrease from the pre-war figure of about 550. All the shippens received the careful attention of the Inspector,

who paid 138 visits to them during the year. It is estimated that about one-quarter of the Bootle milk supply is derived from cows kept in these town shippens.

Dairies and Cowsheds.—*Milk and Dairies Orders 1915 and 1926.*—There are 69 premises registered as dairies or milkshops in the Borough, and 18 premises registered as cow-sheds. A careful routine inspection is maintained by the Inspector working in collaboration with the Veterinary Officer. Four hundred and fifty-seven visits of inspection were made to cowsheds and dairies during the year, and in many cases as a result of suggestions made and advice given alterations were carried out with resulting improvement in condition; on the whole it may be said that these premises are maintained in a satisfactory state. Extensive alterations were undertaken at two cowsheds in respect of additional lighting and ventilation, the provision of steam for sterilising utensils, churns, and bottles, in order to qualify for a licence for the production of "Grade A" milk.

Bacteriological Examination of Milk.—It may be recalled that the Ministry of Health has recognised certain grades of milk, and has prescribed bacteriological standards, which have to be complied with. The recognised grades in order of safety as regards freedom from tuberculous infection and cleanliness are "Certified," "Grade A (tuberculin tested)," and "Grade A." and although there was during 1935 in Bootle only one dairyman holding a licence to produce any of these designated milks, such are easily obtainable by purchasers willing to pay the higher price; for several years past a portion of the supply at the Isolation Hospital has been taken in the form of "Grade A (tuberculin tested)," and there is a small demand for the same clean and safe milk on the part of private customers.

With the object of promoting the cleanliness and safety of the local supply, bacteriological examination of samples has been continued, 81 milks having been examined, and the results obtained in 61 samples of milk other than pasteurised may be summarised thus. In 7 instances the standard of "Certified" milk and in 16 instances that of "Grade A" milk was reached; in 18 instances the milk was considered to be really dirty, but the general results show a gratifying improvement since the beginning of systematic bacteriological examinations in 1924. The following table illustrates this progress; the "very satisfactory" correspond to "Certified" standard, the "satisfactory" to "Grade A"

standard, whilst the "very dirty" represent milks in which the *Bacillus Coli* was present in 1/10,000 c.c. or in which the total bacterial count exceeded 2,000,000 per c.c.

CLEANLINESS OF MILK.

Year	No. of Samples.	Percentage of Samples			
		Very satisfactory	Satisfactory	Dirty	Very dirty
1924	12	—	—	25	75
1925	28	4	7	43	46
1926	28	25	18	25	32
1927	30	23	13	28	36
1928	32	16	19	40	25
1929	32	28	28	31	13
1930	34	24	32	29	15
1931	44	34	27	28	11
1932	37	32	19	36	13
1933	47	17	26	32	25
1934	67	20	31	34	15
1935	61	12	26	33	29

Milk and Tuberculosis.—The results of bacteriological examination of 99 samples of milk showed that 5 samples were infected with tubercle bacilli. In three cases the milk was produced from cows in Bootle shippens, and in one case the infected cow, having been identified by the Council's Veterinary Surgeon, was slaughtered under the Tuberculosis Order and was found on post-mortem examination to have generalised tuberculosis; in the second case the suspected cow had been slaughtered prior to the Veterinary Officer's examination, whilst in the third case both veterinary and bacteriological examinations failed to discover the source of infection. Of the remaining two samples the milk was produced at farms in the Lancashire County area, and in one case the infected cow was traced and slaughtered under the Tuberculosis Order, whilst in the second case, as a result of investigation, it was found that a cow had been slaughtered shortly after the infected milk was detected, and bacteriological examination subsequent to this showed the milk to be free from tubercle bacilli.

Pasteurised Milk.—The Chief Medical Officer of the Ministry of Health has remarked that although cleanliness of milk is important from an aesthetic and commercial standpoint it is no safeguard against infection conveyed in the milk from a tuberculous cow. Safety is the really important consideration, and in present circumstances the ordinary raw milk supply can never be regarded as safe, and to ensure its freedom from disease-producing organisms efficient pasteurisation is necessary.

During the past year in Bootle two licences were granted for the production of pasteurised milk. In one case before the issue of a licence was approved, and as a result of advice given and suggestions made, considerable alterations were carried out at the premises and in the existing plant, and at the present time the pasteurising plant, bottle filling and capping machines and washers at both licensed dairies are of good design and incorporate modern improvements. The number of milk samples obtained from these two licence holders during 1935 was 13, of which 8 conformed to the requirements of the Ministry of Health.

The scheme of milk supply to school children by the Education Committee requires the milk to have been pasteurised, and the bacteriological examination of 21 samples of this school milk showed that the official standards were being reached in 15 cases.

PREPARATION OF ICE CREAM.

Bootle Corporation Act, 1930, Section 21, requires the registration of persons and premises used for the manufacture, etc., of ice cream, and gives powers for revocation of the registration of such persons if the Corporation is satisfied that the public health is, or is likely to be, endangered by any act or default of such persons.

At the end of the year the registrations totalled :—

PREMISES—

For the manufacture for sale and sale of ice cream ...	...	57
For the sale only of ice cream ...	... ..	52

PERSONS—

For the manufacture for sale and sale of ice cream ...	...	57
For the sale only of ice cream ...	... ..	60

These special powers of supervision were obtained because of the necessity of ensuring the wholesomeness of milk products eaten largely by children, and during last season 162 visits of inspection were made to registered premises, and 24 samples were obtained and submitted for bacteriological examination as affording at present the most reliable index of the degree of cleanliness reached in the production of the ice cream. The following table sets out the results of such examinations, and represents an improvement on the previous year's experience.

CLEANLINESS OF ICE CREAM.

Sample No.	Presence or absence of B. Coli in 1/100 c.c.	Bacteria per c.c.	Source of Supply.
49.	Absent	Less than 100	Large manufacturer.
52.	Do.	300	Do.
83.	Do.	53,000	Do.
88.	Do.	More than 500,000	Do.
96.	Do.	1,310	Do.
95.	Do.	5,800	Do.
93.	Do.	7,500	Do.
86.	Do.	24,900	Small manufacturer.
97.	Do.	138,000	Do.
87.	Do.	More than 500,000	Large manufacturer.
53.	Do.	70,000	Dairy.
51.	Present	50,000	Dairy.
91.	Do.	70,000	Large manufacturer.
55.	Do.	120,000	Small manufacturer.
56.	Do.	130,000	Do.
50.	Do.	151,000	Large manufacturer.
92.	Do.	544,000	Small manufacturer.
94.	Do.	820,000	Do.
98.	Do.	1,004,000	Large manufacturer.
85.	Do.	65,000	Small manufacturer.
90.	Do.	192,000	Large manufacturer.
89.	Do.	More than 500,000	Small manufacturer.
84.	Do.	More than 500,000	Do.
54.	Do.	Innumerable	Large manufacturer.

MEAT AND OTHER FOODS.

Butchers' Shops.—There is no slaughterhouse in the Borough, and the inspection of meat is confined to butchers' shops, food factories and cold stores. There are 78 butchers' shops, to which 481 visits of inspection were made during the year. On 34 occasions unsound and diseased meat was found in shops and food factories; the bulk of the diseased meat had been previously inspected outside the Borough, in which cases the authorities concerned were notified. In general the standard of cleanliness of butchers' shops in the Borough is high.

Public Health (Meat) Regulations, 1924.—It was necessary on 10 occasions to warn tradesmen respecting contraventions of the Regulations. Frequent visits of inspection are made to shops and premises, and vehicles containing meat are regularly inspected for general cleanliness.

Public Health Act, 1925.—Under Section 72, which provides for the cleanliness and sanitary conditions of premises where food is prepared or stored for sale it was necessary on 23 occasions to serve notices on occupiers of premises in respect of unsatisfactory conditions.

Merchandise Marks (Imported Goods) No. 7 Order, 1934.—On January 7th 1935 the Sale of Food Order, 1921 was revoked and the

Merchandise Marks (Imported Goods) No. 7 Order, 1934 came into force. The new Order requires the marking of imported meats with an indication of origin on exposure for sale, *e.g.*, Brazil, Argentine, New Zealand; and is a safeguard for the buying public inasmuch as imported frozen or chilled meats are appropriately marked. Some 257 visits of inspection were made, and except in a very few cases, the provisions of the Order were observed.

Merchandise Marks Act, 1926.—The Act provides for the marking of imported foodstuffs (fresh apples, butter, currants, raisins, sultanas, eggs, raw tomatoes, and honey). Some 128 visits of inspection were made under this Act, and except in comparatively few instances the origin of the produce was found to be indicated.

Fishmongers' Shops.—There are 25 shops in the Borough from which fresh fish is sold, and 21 visits of inspection were made during the year. These shops are maintained in satisfactory condition.

Fish Frying Shops.—The trade of fish frying is carried on at 41 shops, to which 25 visits of inspection were made during the year. Suggestions were made from time to time to occupiers regarding methods of preparation, installation of ranges, etc., and considerable improvement resulted, and although there are no bye-laws in force in the Borough with respect to these premises, they are maintained in a satisfactory condition.

Disposal of Unsound Food.—The amount of unsound food detected is shown in the table below; all was voluntarily surrendered.

				Tons.	Cwts.	Qrs.	Lbs.
Raw meat	...	...	...	1	4	1	7
Canned meat	...	...	...	2	5	0	26
Canned fruit	...	...	...	1	7	3	12
Canned fish	...	...	...	—	2	3	22
Canned milk	...	...	...	1	17	3	12
Jam	...	...	...	—	1	2	22
Canned vegetables	...	...	...	—	1	0	4
Pickles	...	...	...	—	3	1	14
Flour	...	...	...	—	—	1	0
Potatoes	...	...	...	—	14	0	0
Cheese	...	...	...	—	7	2	15
Chocolate	...	...	...	—	—	—	7
Prunes	...	...	...	—	—	—	25
Sausage casings	...	...	...	—	—	—	2
				8	6	2	0

Several methods of disposal of unsound food were utilised. For the greater part, however, butchers' meat was destroyed under the supervision of the Inspector at the Corporation Destructor, Pine Grove. A proportion of canned meat was permitted to be used, under supervision, for the preparation of animal food, whilst the remainder was used for pig feeding at three of the piggeries in the Borough; the deliveries were checked on arrival, and the Inspector saw that they were so disposed of as to make it impossible for this food to be used for human consumption.

Food Factories.—There are 16 food factories in the Borough and a systematic inspection is carried out, 227 visits of inspection having been made during the year. Although maintained in a very satisfactory condition, on occasion warnings were given respecting lack of cleanliness of the premises. 46 premises are now registered under the Bootle Corporation Act, 1920, as used for the preparation of potted or preserved foods.

Bakehouses.—There are 18 bakehouses (6 being underground) and 22 confectionery bakehouses. 103 visits of inspection were made during the year. The general condition is good.

Cold Stores.—These premises are regularly inspected and are maintained in satisfactory condition; 24 visits were made. One of the stores is a Registered Egg Store, but no marking of shell eggs under the Ministry of Agriculture's Regulations was undertaken during the year.

Food and Drugs (Adulteration) Act, 1928.—The Public Analyst, to whom samples are submitted, is Mr. W. H. Roberts, M.Sc., F.I.C.

Table 9 on page 87 shows that 239 samples were taken, of which 10, or 4·18 per cent., were adulterated or not up to standard. Two hundred and twenty of these were taken informally, and in cases where adulteration was detected formal samples were subsequently obtained in order that the necessary legal action might be instituted. One hundred and twenty-five samples of milk were obtained, of which 106 were taken informally; in the other 19 cases, however, the procedure prescribed by the Act was adopted. Five of the milk samples (one formal, 4 informal) were found to be adulterated.

The total number of samples obtained of milk produced outside the district and taken in course of delivery was 61.

As regards the five milk samples reported upon adversely, the departure from normal was slight, and the vendors were interviewed and cautioned.

The Public Analyst has kindly supplied the results of the analyses of every sample of milk submitted to him from Bootle, and it is interesting to note that, including the samples returned "not genuine," the average amount of fat was 3·76 per cent., and of non-fatty solids 8·84 per cent., the minimum standard fixed by the Board of Agriculture in the Sale of Milk Regulations, 1901, being 3 per cent. fat and 8·5 per cent. non-fatty solids, below which figures milk is presumed to be not genuine.

Thirteen samples of condensed milk were submitted to the Analyst, who certified that they were all genuine and correctly labelled as provided by the Public Health (Condensed Milk) Regulations, 1923-1927.

Public Health (Preservatives, etc., in Food) Regulations, 1925-1927.—A reference to the table on page 88 shows that 195 samples were examined under these Regulations for the presence of preservatives, including 125 of milk and 3 of cream.

One vendor was cautioned for not exhibiting statutory labels declaring the presence in sausages of a preservative which was found to be present.

V. PREVALENCE OF NOTIFIABLE DISEASES.

Zymotic Diseases.—During the year there were 50 deaths from the seven principal zymotic diseases, viz., small pox, measles, whooping cough, diphtheria, scarlet fever, diarrhoea, and fever (including typhoid, enteric, and typhus). This is a death rate of 0·65 per 1,000 of the population; it compares with a decennial rate for 1925-34 of 0·98.

The number of cases of infectious diseases notified during the year is briefly summarised below, and fuller detail is given in Table 2, page 69.

There was no notification of small pox, cholera, plague, typhus fever, enteric fever, relapsing or continued fever, poliomyelitis, trench fever, malaria, or encephalitis lethargica.

	Cases notified.	Cases admitted to hospital.	Deaths.
Diphtheria	199	197	8
Scarlet Fever	164	144	2
Puerperal Fever	3	3	1
Puerperal Pyrexia	23	20	1
Ophthalmia Neonatorum	11	4	—
Erysipelas	48	23	5
Infantile Diarrhoea (under two years)—voluntarily notifiable ..	29	2	9
Influenzal Pneumonia	21	11	—
Acute Primary Pneumonia	163	87	45
Cerebro-spinal Meningitis	2	2	—
Dysentery	1	1	—
Tuberculosis—			
(a) Pulmonary	145	108	80
(b) Non-Pulmonary	43	19	10

SCARLET FEVER.

Incidence.—One hundred and sixty-four cases were notified, being a rate of 2·14 per 1,000 of the estimated population, compared with 3·63 in 1934 and 8·73 in 1933; and a rate of 2·96 per 1,000 for England and Wales. The total of notifications showed a further decrease from the experience of 1933, which year had seen the largest outbreak since 1894.

When it is remembered that scarlet fever is only one manifestation of streptococcal infection, and that the production of a skin rash is by no means the invariable consequence of such infection, the difficulty of influencing the incidence of scarlet fever will be appreciated.

Mortality.—There were two deaths from scarlet fever during the year; this is equivalent to a mortality rate of 0·03 per 1,000 of the population, as compared with 0·01 per 1,000 for England and Wales. The Table below shows that Bootle, in common with other areas in South West Lancashire, has usually returned higher scarlet fever mortality-rates than the country as a whole, although the experience

of the last three years is equivalent to a reduction to one-twelfth of the rate obtaining at the end of last century, and to one-thirty-fifth of the rate of sixty years ago.

Period.	BOOTLE.		England & Wales.
	No. of Deaths.	Rate per 1,000.	Rate per 1,000.
1873-1880 ..	188	1.06	0.73
1881-1890 ...	165	0.39	0.34
1891-1900 ...	202	0.37	0.16
1901-1910 ...	160	0.25	0.11
1911-1920 ...	70	0.11	0.05
1921-1925 ...	36	0.09	0.03
1926-1930 ...	22	0.05	0.01
1931 ...	1	0.01	0.01
1932 ...	5	0.06	0.01
1933 ...	2	0.03	0.02
1934 ...	2	0.03	0.02
1935 ..	2	0.03	0.01

In each of 12 houses two cases of scarlet fever occurred, and in 2 houses there were three cases.

Hospital Isolation in Scarlet Fever.—One hundred and forty-four Bootle cases, or 88 per cent. of the cases notified, were admitted to Linacre Hospital, with four deaths.

Return Cases.—During 1935 there were three instances in which the discharge of scarlet fever cases from the hospital was followed by the occurrence of a new case or cases in the home. The return case rate was equivalent to 2.1 per cent. of those discharged, as compared with 1.8 per cent. in 1934.

DIPHTHERIA.

Incidence.—The increase in the number of notified cases of diphtheria first noted during 1927 was sustained during the year under review, during which 199 cases were notified, as against the average of 112 recorded for the ten years ended 1926. The incidence was 2.60 per 1,000 of the estimated population, and the case fatality was 4.0 per cent. One hundred and ninety-seven cases, or 99 per cent. of those notified, were removed to hospital. Tracheotomy was performed in one instance during the year, and the case recovered.

The occurrence of a secondary case of diphtheria in an infected household was recorded on ten occasions, the occurrence of a third case on two occasions, and the occurrence of a fourth case on one occasion. In one instance the discharge of a patient from hospital was followed by the occurrence of a secondary case in the home.

Mortality.—The table which follows demonstrates the gravity of the type of infection, due apparently to infection with a more virulent organism producing rapid and severe toxæmia, which prevailed in 1934, and the reversion to a milder type which occurred in 1935.

Period.	BOOTLE.		England & Wales.
	No. of Deaths.	Rate per 1,000.	Rate per 1,000.
1875-1880 ...	43	0·24	0·13
1881-1890 ...	92	0·22	0·16
1891-1900 ...	136	0·24	0·32
1901-1910 ..	120	0·18	0·19
1911-1920 ...	132	0·18	0·14
1921-1925 .	32	0·08	0·09
1926-1930 ..	39	0·09	0·08
1931 ...	14	0·18	0·07
1932 ...	13	0·17	0·06
1933 ...	21	0·27	0·06
1934 ...	36	0·46	0·10
1935 ...	8	0·10	0·08

Prevention.—During 1932 a scheme was inaugurated whereby an offer of immunisation against diphtheria was made to the parents of infants and young children in the Borough. Such protection can be conferred without risk to the child and without any disturbance of health by the administration of three injections at, say, fortnightly intervals of a toxoid-antitoxin mixture which stimulates the body to produce immunity against subsequent exposures to infection; the immunity is not absolute and is not produced instantaneously, but increases steadily through a period of several weeks or months.

The following tabular statement classifies the children who completed the series of inoculations during 1935, making, with those inoculated during 1932, 1933, and 1934, a total of 3,266.

Place of Treatment.	Total.
Elementary Schools	645
Infant Clinics	196
Linaere Hospital	44
Total ...	885

Hitherto, there have been 21 instances of diphtheria in inoculated children; particulars of eighteen cases were given in the previous annual report, and similar information as to three cases during 1935 is given below.

Age.	Date of Notification.	Period between last inoculation and onset of illness.	Remarks.
10 years	29th Jan., 1935	18 months	Two inoculations only given. A case of faucial diphtheria of very severe type. 40,000 units of anti-toxin given; death fourteen days after onset.
7 years	11th April, 1935	13 months	Slight laryngeal obstruction with positive nasal swab.
2 years	20th April, 1935	5 months	Appearance of follicular tonsillitis with positive swab; complicated by otorrhoea and enlarged glands.

OTHER ZYMOTIC DISEASES.

Enteric Fever.—No notification of enteric fever was made during the year.

Influenza.—Twenty-one notifications of influenzal pneumonia were received, and 12 deaths from influenza were recorded. These figures are indicative of the freedom of the town from influenza in an epidemic form, except during the first weeks of the year.

Measles.—During 1935 measles caused 26 deaths, compared with 26 in 1934, and an average of 20·2 during the ten years ended 1934. The Bootle death-rate from this cause was 0·34 per 1,000, compared with 0·03 throughout England and Wales.

Complete information as to the incidence of measles is not now available, but during the year 286 cases occurring in school children were reported under the Bootle Corporation Act, 1920.

The decrease in the incidence of scarlet fever and diphtheria made possible the reception of certain cases of measles at Linacre Hospital. The large number of cases in existence at any one time during the usual biennial epidemics of course makes it impossible, even if it were desirable, to provide hospital accommodation for all, and the patients to be received should be chosen from cases in which respiratory complications occur, cases arising in patients being treated in general hospitals for other conditions, and other cases occurring in children aged three and under.

It is now established that a measure of temporary protection against measles infection can be obtained by the use of serum from convalescent patients, and indeed of ordinary adult serum. Such protection is desirable in children's hospital practice where a case of measles may arise in a ward of young children, some of whom are already debilitated by previous illness, and accordingly steps were taken during the year to collect a quantity of such serum for immediate use in a few cases, and for holding in reserve for later cases, at Linacre Hospital; a satisfactory amount was obtained from voluntary donors amongst the nursing staff and the Rovers' organisation, and due acknowledgment has been made to them for their service.

The table which follows sets out the reduction in the mortality from measles which has occurred throughout England and Wales since 1890; it also shows that although some degree of reduction has been obtained locally the measles death rate for Bootle is still high, and comparison with the corresponding tables for scarlet fever and diphtheria demonstrates the greater importance of measles as a killing disease.

Period.	BOOTLE.		England & Wales
	No. of Deaths.	Rate per 1,000	Rate per 1,000.
1891-1900	165	0·30	0·41
1901-1910	294	0·45	0·31
1911-1920	266	0·37	0·28
1921-1925	112	0·27	0·12
1926-1930	85	0·20	0·10
1931	13	0·17	0·08
1932	40	0·52	0·08
1933	11	0·14	0·05
1934	26	0·34	0·09
1935	26	0·34	0·03

Whooping Cough.—Whooping Cough caused 5 deaths during 1935 compared with 2 in 1934 and 13 in 1933. The death-rate was 0·07 per 1,000 of the population, compared with 0·04 throughout England and Wales. There is still much to be done in educating the public up to the knowledge of the fact that measles and whooping cough (so-called minor infectious diseases) are responsible year by year for many preventable deaths.

Diarrhoea.—Deaths from this disease numbered 9, or a rate of 0·12 per 1,000 of the population as compared with 0·18 last year. All of the deaths occurred in children under the age of two years, giving a rate per 1,000 births of 5·5 in Bootle, as compared with 5·7 throughout England and Wales.

The arrangements instituted in previous years by which this disease is notifiable during the third quarter of the year were continued, and 29 notifications were received, as compared with 26 in 1934 and 71 in 1933. The receipt of these notifications enabled instruction on the necessary sanitary precautions against the spread of infection to be given by the Infant Welfare Visitors, as well as nursing attention to be given by the Bootle District Nurses' Association.

LINACRE ISOLATION HOSPITAL.

Linacre Isolation Hospital, by arrangements with the respective Authorities, receives cases of infectious diseases from the urban districts of Litherland and Formby, as well as from the borough.

The year 1935 showed a decrease in cases admitted, the total being 429 as against 572 in 1934. The following table gives particulars of the cases admitted to the infectious disease wards, while particulars of cases in which the diagnosis was revised are given in Appendix 16, page 94.

Reference has been made in previous reports to proposals for increasing the infectious disease accommodation at the hospital, and the present position is that negotiations are proceeding for the acquisition of a site the buildings on which will include accommodation for the tuberculous patients now received at Linacre Hospital, with a consequent release of wards suitable for cases of other infectious diseases.

CASES TREATED IN THE INFECTIOUS DISEASE WARDS, LINACRE HOSPITAL.

DISEASE.	No. in hospital on 1st. January 1935				No. admitted during the year.				No. discharged during the year				No. died during the year.				No. remaining in hospital 31st. December 1935			
	Bootle	Lither-land	Formby	Total	Bootle	Lither-land	Formby	Total	Bootle	Lither-land	Formby	Total	Bootle	Lither-land	Formby	Total	Bootle	Lither-land	Formby	Total
Scarlet Fever.	12	—	1	13	127	9	2	138	128	5	3	136	1	—	—	1	10	4	—	14
Scarlet Fever complicated by other disease.	2	—	—	2	9	1	—	10	7	1	—	8	3	—	—	3	1	—	—	1
Admitted as Scarlet Fever but diagnosis revised.	—	—	—	—	8	2	—	10	8	2	—	10	—	—	—	—	—	—	3	—
Diphtheria.	50	6	—	56	115	32	6	153	147	31	3	181	7	4	—	11	11	3	—	17
Diphtheria complicated by other disease.	1	—	—	1	3	—	—	3	3	—	—	3	1	—	—	1	—	—	—	—
Admitted as Diphtheria but diagnosis revised.	1	—	—	1	79	11	1	91	73	10	1	84	2	—	—	2	5	1	—	6
Other diseases	—	—	—	—	22	1	1	24	18	1	1	20	1	—	—	1	3	—	—	3
TOTALS	66	6	1	73	363	56	10	429	384	50	8	442	15	4	—	19	30	8	3	41

Tracheotomy was performed on one case, which recovered.

Cross Infection.—The following cases of cross infection arose during the year. Three cases admitted as scarlet fever, but not suffering from it, contracted measles; two cases admitted as scarlet fever, but not suffering from it, contracted pertussis; 1 case of scarlet fever contracted chickenpox, and one case of scarlet fever developed measles and diphtheria. No cross infection occurred in the diphtheria wards.

Health of Staff.—Staff sickness was as follows during the year. One nurse contracted measles and was warded for 14 days; 1 nurse contracted rheumatism, and was warded for 36 days; 1 nurse contracted erythema nodosum and was warded for 36 days; and 1 nurse contracted laryngitis and was warded for 5 days. Further, one maid was off duty for 7 days with tonsillitis.

During the year six nurses were Schick-tested and Dick-tested to determine their susceptibility to diphtheria and scarlet fever. Of these, four re-acted positively to the Schick-test and none re-acted positively to the Dick-test; the four nurses were immunised against diphtheria.

Bacteriological Laboratory Work—

Examinations required.	Positive result.	Negative result.	No. of Specimens examined.
Swabs for Diphtheria ...	243	3277	3520
Sputa for Tubercle Bacilli	238	768	1006
	<hr/> 481 <hr/>	<hr/> 4045 <hr/>	<hr/> 4526 <hr/>

In addition, 99 samples of milk, 622 specimens for venereal disease, 417 swabs for diphtheria and 42 miscellaneous specimens (including 24 of ice cream) were examined in the Pathological Department of the Liverpool University, or other Pathological Laboratory.

VI. TUBERCULOSIS.

Notification Register —The Tuberculosis Notification Register contains the names of all persons notified as suffering from tuberculosis since the first operation of the Public Health (Tuberculosis) Regulations, 1911, after making corrections by the removal of names of those who have died, left the district, have been cured, or have been pronounced not to be suffering from tuberculosis. The register on 31st

December included 328 males and 254 females suffering from pulmonary tuberculosis, and 137 males and 160 females suffering from non-pulmonary tuberculosis, making a total of 879 cases.

Incidence.—The total number of new cases coming to the knowledge of the Medical Officer of Health during 1935 was 231, as compared with the figures of 246, 242, 212, 251 and 258 in the years from 1930 onwards.

The following table sets out the age and sex distribution of notifications and deaths due to tuberculosis during the year under review:—

Age Periods	New Cases notified				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0—1 year ...	...	...	...	1	...	...	...	1
1—5 years ..	...	1	3	6	...	...	2	2
5—15 „ ...	5	2	9	11	...	2	1	1
15—25 „ ...	17	26	1	3	5	12	...	1
25—35 „ ...	19	11	1	4	14	14	...	1
35—45 „ ..	19	11	2	...	10	4	...	...
45—55 „ ...	11	3	1	...	8	2	1	.
55—65 „ ...	10	2	1	...	4	...	...	...
65 and upwards	6	2	...	...	5	...	...	...
Totals ...	87	58	18	25	46	34	4	6

Mortality.—The number of deaths caused by tuberculosis during 1935 was 90, or one death in every eleven, giving a death-rate from this cause of 1·17 per 1,000 of the population, as compared with 1·37 in 1934 and 1·50 in 1933; it was 1·41 for the ten years ended 1934.

This represents a continuance of the decline in the tuberculosis mortality-rate recently recorded in Bootle, and set out in the following table:—

Period.	BOOTLE.		England & Wales.
	No. of Deaths.	Rate per 1,000.	Rate per 1,000.
1891-1900 ...	1106	2·17	2·01
1901-1910 ...	1127	1·76	1·65
1911-1920 ...	1370	1·82	1·42
1921-1925 ...	652	1·70	1·08
1926-1930 ...	572	1·49	0·94
1931 ...	123	1·59	0·89
1932 ...	102	1·34	0·84
1933 ..	116	1·50	0·82
1934 ...	106	1·37	0·76
1935 ...	90	1·17	0·72

From the above table it may be calculated that in the last five years the deaths from tuberculosis in Bootle have been 298 less than would have been the case if the mortality rate experienced in 1891-1900 had continued.

Dispensary Register.—A register is maintained of all cases of tuberculosis receiving public medical treatment. This Dispensary Register contains the names of all persons attending at, or seen in connection with, the Dispensary for diagnosis or for treatment of tuberculosis, including patients under general supervision (whether or not accompanied by domiciliary treatment), and patients or observation cases in residential institutions, and contacts. On December 31st 1935 the number of persons so classified and on the register was 637, as against 658 on January 1st 1935.

PULMONARY TUBERCULOSIS.

Incidence.—One hundred and forty-five new cases suffering from pulmonary tuberculosis were notified during 1935. The number includes 17 cases not formally notified. The numbers notified in the five preceding years were 189, 184, 154, 173 and 173 respectively. In the case of six the first intimation was obtained from the death returns, while in 14 other cases notification was made at intervals of less than three months before death. The non-notified deaths, therefore, numbered 7·5 per cent. of the total of 80 deaths from pulmonary tuberculosis. Enquiry into these non-notified cases showed the omission to have been on the part of institution medical officers in three instances, and private practitioners in three instances.

Mortality.—During the year 80 deaths were certified to be due to pulmonary tuberculosis, representing a rate of 1·04 per 1,000 of the population, as compared with 1·17 in 1934 and 1·33 in 1933. The age period most affected was early adult life with 44 deaths between the ages of 15 and 35, and the usual sex disparity was shown, there having been 46 deaths among males and 34 among females.

Tuberculosis Visitors: Home Visitation.—Four tuberculosis visitors, one of whom assists in the medical work of the Dispensary, and three of whom are engaged also on work in connection with Maternity and Child Welfare, are responsible for the sanitary supervision of the homes of notified and suspected cases. Every effort is made by the Visitors to make their calls helpful to the comfort of the patient and a stimulus to the care exercised in preventing infection of others in the household. The visits totalled 2,702 (2,078 of which were for dispensary purposes) in the year under review.

Housing of Tuberculosis Cases.—A significant factor in the production of new cases of tuberculosis is the prolonged contact of young children with a patient or other inmate of the house who is suffering from pulmonary tuberculosis in an infectious stage; such prolonged contact is obviously obtained when an open case shares a bedroom with other persons. An estimate of the extent to which such a position exists in the Borough can be formed by consideration of the following table showing the sleeping accommodation, as at 31st December 1935, of all cases of pulmonary tuberculosis other than those marked quiescent or arrested, although it should be realised that not all of the cases included are in fact in an infectious stage.

(a) Total number of cases on 31st December 1935	...	...	284
(b) Number having separate bed and bedroom...	...	...	119
(c) Number having separate bed only	...	...	22
(d) Number not having a separate bed	...	...	143

Rent Assistance Scheme.—With a view to appropriate action being taken this position as to the home accommodation of tuberculous cases was presented in greater detail to the Health Committee at the end of 1934, and it was reported that there was imperfect application in practice of two generally accepted beliefs:—

- (1) That tuberculosis is a family disease and that it is essential to regard the family rather than the individual as a unit for investigation and care.
- (2) That the healthy child and the infectious tubercular adult must be kept apart—this opinion has even been expressed in such words as that the sputum-positive parent (*i.e.*, the parent

suffering from pulmonary tuberculosis and coughing up sputum containing tubercle bacilli) should not remain in the same house as his child. This thesis depends upon a recognition of the fact that the development of pulmonary tuberculosis in childhood and youth depends largely upon the dosage of infection.

The resumption of house building presents an opportunity of furthering the application in practice of those beliefs and of reducing the risks of child-infection, (a) by the allotting of houses by the Housing Committee to cases of infectious pulmonary tuberculosis who contract to comply with the simple health requirements of the Tuberculosis Officer, first amongst which would be the sole occupation of a bedroom by the patient, and (b) by the establishment in cases so housed of a scheme of rent assistance by the Health Committee, whereby the superior accommodation, and hence the protection of the healthy members of the family, would be obtained without detriment to the nutritional needs of the family.

The Council adopted the proposals to this end of the Health Committee, including the framing of an income scale to determine the amount of rebate to be allowed from the standard rent, and the scheme was put into operation in April 1935. At the end of the year there were 21 families comprised within the scheme, the total rent subsidy then being borne by the Health Committee amounting to £3 14s. 0d. weekly. Further fourteen patients recommended awaited allocation of houses.

Tuberculosis Dispensary.—The Dispensary is the central element of the tuberculosis scheme, and serves as a clearing house from which some cases are transferred to sanatorium, others to hospital, and others to their own medical attendant for domiciliary treatment, while a certain proportion remain in attendance at the clinics held nine times fortnightly and receive necessary treatment therefrom. As far as possible, however, this last aspect of the functions of the Dispensary is limited to the provision of specialist treatment not at the disposal of the general practitioner.

During the year 231 new cases, of whom 93 were sent by private practitioners, 31 by the Public Assistance Committee, 9 by the Ante-Natal Clinic Medical Officer, and 28 by the School Medical Officer, for opinion preliminary to notification, were examined at the Dispensary. Attention continued to be paid to securing the attendance for examination of contacts of notified cases, and during the year 168 were so examined.

The total attendances at the Dispensary during the year numbered 6,411, as compared with 6,561 in 1934; 702 specimens of sputum were examined, giving a positive result in 79 cases.

Radiographic Examinations.—Since the installation of an X-ray apparatus at the Health Centre in June 1934 increased use has been made of radiography in diagnosis and control of treatment. During the year the total of X-ray examinations numbered 400, and the cost of materials and maintenance (excluding electric current and capital charges) was approximately £73; this position compares with a total of 208 examinations done for the dispensary by outside authorities during 1933-34 as a cost of approximately £224. The average number of X-ray examinations made is now 440 per 100 deaths from tuberculosis, as compared with 88 per 100 in 1931 and 136 per 100 in 1933.

Maghull Sanatorium.—During the year 44 patients were admitted to the sanatorium with an average length of stay of 201 days for the 47 cases discharged (including one death) during the year. Information is given in Section (G) on Form T.145 of the Ministry of Health on pages 75 and 76 of the results of treatment in Maghull Sanatorium and Linacre Hospital during the year.

Linacre Hospital Tuberculosis Pavilion.—During 1935, 64 Bootle cases were admitted to the Pavilion, the average length of stay of the 65 cases discharged (including 13 deaths) during the year being 138·5 days.

Artificial Pneumo-Thorax Treatment.—Treatment by induction of artificial pneumo-thorax, in order to secure collapse of the affected lung, was adopted at Linacre Hospital first in 1924, in cases which show unilateral disease, or in which with fairly extensive lesions in one lung there are signs of only slight and probably inactive disease in the other; cases of even unilateral disease, however, in which the lesions are of old standing and fibrotic in type are not as a rule considered suitable, even in the rare instances where an artificial pneumo-thorax can be induced, nor are cases in patients over 50 years of age. Before proceeding to artificial pneumo-thorax the effect of a short period of sanatorium or hospital treatment is usually tried.

Twenty-two cases have so far been considered suitable for this treatment. Seven of the cases have died, and a tabular statement gives the results of treatment in the other cases.

RESULTS OF ARTIFICIAL PNEUMOTHORAX TREATMENT.

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Number.	Beginning of treatment	Cessation of treatment	Length of treatment	Other treatment given	Condition to date	Time since treatment ceased
2.	18/7/25	25/4/27	21 months	Hospital	Not examined recently; known to be working	2½ years
4.	11/12/26	—	6 years	Sanatorium	In Papworth Colony. Working.	—
6.	18/10/29	9/1/32	27 months	Hospital	Condition remains arrested.	4 years
8.	17/9/30	9/1/32	16 months	Hospital	Left district.	4 years
10.	11/11/32	17/3/34	16 months	Hospital	Left district 19th February, 1935.	—
13.	2/5/33	7/2/34	9 months	Hospital	Disease of chronic type; still active.	21 months
14.	27/7/33	1/9/34	13 months	Hospital	Disease arrested. Is working.	16 months
15.	27/3/34	30/3/35	12 months	Hospital	Previously treated in Broadgreen Sanatorium since 3rd May, 1933. General condition fair, but disease still active in treated lung.	9 months
16.	28/4/34	5/7/35	15 months	Hospital	General condition satisfactory. Treatment being continued.	—
17.	21/12/34	—	—	—	Treatment being continued. Working.	—
18.	24/7/35	24/9/35	2 months	—	Pneumothorax initiated in Broadgreen Sanatorium. Chronic disease in both lungs.	3 months
19.	25/10/35	—	—	—	Previously treated in Walton Institution since 3rd April, 1935. Artificial pneumothorax complete, but has developed laryngeal tuberculosis.	—
20.	10/8/35	—	—	—	Previously treated in Delamere Sanatorium since 30th April, 1935. Still under treatment, but disease has developed in untreated lung.	—
21.	4/10/35	—	—	—	Condition satisfactory; still under treatment.	—
22.	5/11/35	23/11/35	Under 1 month	—	Signs of active disease appeared in the untreated lung.	1 month

NON-PULMONARY TUBERCULOSIS.

During the year 43 new cases of non-pulmonary tuberculosis were notified, as compared with 70 in 1934, namely:—19 glands, 9 bones and joints, 8 meningitis, 5 abdominal, and 2 skin; and there were 10 deaths registered. The agreement with the Leasowe Hospital for Children for the maintenance of beds for children suffering from non-pulmonary tuberculosis remained in force, and seven cases were admitted during the year; three cases were discharged, and eleven cases were still in the Hospital at the end of the year.

The scheme for admission to general or special hospitals of cases of non-pulmonary tuberculosis, and for payment by the Council of the charges for maintenance and treatment in cases recommended or approved by the Tuberculosis Officer, was continued; during the year sixteen such patients were admitted.

Dental Treatment.—During the year 14 cases received dental treatment.

Public Health (Prevention of Tuberculosis) Regulations, 1925.—No action was taken under the above Regulations relating to tuberculous employees in the milk trade.

Public Health Act, 1925, Section 62.—No action was taken under this Section dealing with the compulsory removal of cases of tuberculosis to hospital.

ARTIFICIAL LIGHT TREATMENT.

The scheme of artificial light treatment by exposure of patients to general irradiation from carbon arc lamps, which was commenced in October 1925, was continued during the year. The staff, plant and working method were as described in previous reports.

The operation time was approximately 311 hours for the carbon arcs and 57 hours for the mercury vapour lamp. The attendances made by patients totalled 2,733, of which 418 were made by patients referred under the Tuberculosis Scheme and 2,318 by patients referred under the Maternity and Child Welfare Scheme.

The attached tabular statement classifies conditions for which treatment was administered and the results obtained in the period under review.

RESULTS OF ARTIFICIAL LIGHT TREATMENT.

(a) TUBERCULOSIS.

	Under Treatment 1st Jan., 1935	New Cases	Discharged			Ceased to attend	Under treatment, 31st Dec. 1935
			Much Improved	Im- proved	Station- ary		
Tubercular Cervical Glands... ..	4	2	2	—	1	1	2
Tuberculosis of Bones	1	—	—	—	—	—	1
Lupus	3	—	—	—	—	—	3
Abdominal Tuberculosis	—	—	—	—	—	—	—

(b) MATERNITY AND CHILD WELFARE.

	Under Treatment 1st Jan. 1935	New Cases	Discharged			Ceased to attend	Under treatment 31st Dec. 1935
			Much Improved	Im- proved	Station- ary		
Rickets	23	53	2	21	—	25	28
Debility	2	10	—	3	—	3	6
Malnutrition	5	26	—	10	—	5	16
Totals ...	38	91	4	34	1	34	56

VII. VENEREAL DISEASES.

The Council's scheme for the treatment and control of venereal diseases provides for the maintenance of a treatment centre at the Bootle General Hospital, and for the conduct of pathological examinations at the University of Liverpool. In addition payment is made for services rendered to Bootle residents attending the venereal diseases treatment centres of the Liverpool City Council. At the Council's Bootle Hospital treatment centre four clinics for men and two clinics for women and children are held weekly.

The Annual Statistical Report of the Medical Officer of the Treatment Centre will be found on pages 89 to 91. It shows 398 persons under treatment on 31st December 1935, as against 397 on 1st January 1935, and an increase in new cases, the figures being 327 as contrasted with 309 in 1934.

The total attendances for treatment made at the Centre during the year show a small decrease from 15,651 to 15,057; the figure includes 3,816 attendances made between clinic days for the treatment of gonorrhoea at the irrigation centre. The average attendance at the male clinics was 66.0, and at the female clinics was 16.8. In-patient days totalled 487 as against 676 during the previous year. During 1935 137 cases were discharged on completion of treatment and observation, as contrasted with 136 during 1934, and 107 during 1933.

The Table below is a statement of the number of cases presenting themselves for treatment during the last five years:—

BOOTLE VENEREAL DISEASES CLINIC.

	1931	1932	1933	1934	1935
New Cases (total)	332	344	325	309	327
New Cases (syphilis)	64	76	58	74	62
Total attendances (excluding Irrigation Department)	15502	16876	12256	11616	15057
Irrigation Department attendances	15744	8729	3513	4035	3816
In-patient Days	585	1154	569	676	487
No. discharged after completion of observation and treatment	114	116	107	136	137
No. who ceased to attend after completion of treatment, but before final tests as to cure	121	170	105	63	78

Bootle residents accounted for 42 per cent. of the cases under treatment at the Bootle Hospital Centre, the Authorities contributing the next largest number of cases being the Lancashire County Council with 21 per cent., and Liverpool with 17 per cent.

Against this attendance of outsiders at the Bootle Centre there may be set off the user of Liverpool centres by Bootle residents, and the following table summarises the available information as to the total number of cases among Bootle residents dealt with at the various local centres for the first time during 1935.

NEW CASES—BOOTLE RESIDENTS.						
	Syphilis	Soft Chancre	Gonorr- rhœa	Other Condi- tions	Total	Total Attend- ances
Seamen's Dispensary ...	6	4	24	23	57	1734
Royal Infirmary ...	9	—	7	7	23	1134
Bootle General Hospital	33	2	69	45	149	7995
Mill Road Infirmary ...	3	—	4	1	8	618
Total ...	51	6	104	76	237	11481

The following table sets out the change in incidence of the venereal diseases locally, in so far as it can be measured by records of new cases presenting themselves for treatment at the Bootle Centre:—

	NEW CASES ANNUALLY.					
	SYPHILIS.			GONORRHOEA.		
	Males.	Females.	Total.	Males.	Females.	Total.
1921-1925	123	41	164	166	6	172
1926-1930	63	19	82	176	20	196
1931	48	16	64	160	20	180
1932	53	23	76	185	25	210
1933	43	15	58	145	26	171
1934	47	27	74	120	31	151
1935	43	19	62	135	36	171

When the Table is examined it will be noted that there has been a large decrease in the number of new cases of syphilis since 1925, but little or no decrease in the number of cases of gonorrhœa which present themselves for treatment; it is probable that the figures represent a real fall in the incidence of syphilis.

VIII. MATERNITY AND CHILD WELFARE.

ANTE-NATAL WELFARE.

Home Visiting of Expectant Mothers.—A great deal can be done to promote normal child-birth by careful instruction as to general and personal hygiene, and as to the need for suitable food, open-air exercise

and rest, adequate sleep, and properly devised clothing. The usual efforts to improve the general management of pregnancy by such instruction have been continued, and the Health Visitors paid 1,244 home visits to expectant mothers for this purpose during the year.

Ante-Natal Clinics.—The ready use of the facilities provided at the Ante-Natal Clinics in Bootle for medical supervision during pregnancy is well known to the Council, and this position was maintained during 1935. It may be recalled that the first Ante-Natal Clinic was established in Bootle in 1920, in which year expectant mothers equivalent to 8 per cent. of the total number of births came under public medical supervision. During 1935 four Ante-Natal Consultations were held each week, and in all 935 new cases attended, corresponding to 57 per cent. of the total registered births; in addition, 229 cases carried over from the preceding year continued under supervision, and a total of 4,415 attendances was made, with an average of 21 persons per Consultation.

Dental Treatment of Expectant and Nursing Mothers.—Two half-days weekly are devoted to the dental treatment of expectant and nursing mothers, and the treatment given has been in the nature of extractions, fillings, and the supply of artificial dentures.

The number of patients treated during the year rose from 197 in 1934 to 258, and the estimated cost of the dentures supplied was £141 15s. 0d., of which the patients' contributions were assessed at £36 17s. 0d. 120 cases were carried forward to 1936.

Owing to the increasing appreciation of the value of this service, and to the growing size of the waiting list, the Council has decided further to increase the number of treatment sessions to three weekly as from April 1936.

MATERNAL WELFARE.

Nursing Homes Registration Act, 1927.—There is one Nursing Home proper within the Borough, as well as six Maternity Homes, on the register. Bye-laws governing the conduct of these Nursing Homes were made by the Council in November 1931.

The Practice of Midwives.—The number of midwives resident in Bootle on the local roll is 27, as against 25 in the preceding year; nine others, resident outside the district, have also given notice of their intention to practise in the Borough; all are trained. The above figures do not include midwives practising in local Municipal Maternity Homes.

Regulations of the Central Midwives' Board require medical help to be sought by the midwife in all cases of illness of the patient, or the child, or of any abnormality occurring during pregnancy, labour, or lying-in, and 286 records of sending for medical help were received. Thirty of the calls were on account of abnormalities during pregnancy, 184 during labour, including 72 cases of ruptured perineum, 33 during the puerperal period, and 39 for conditions affecting the child.

The Council accepts responsibility for the payment of midwives' fees in approved necessitous cases, and applications in respect of this service are considered with full information as to the family income and outgoings. The number of applications granted was 129, as compared with 130 during 1934.

Under the 1918 Act the Local Supervising Authority is responsible for the payment of fees to doctors called in by midwives, and last year 216 accounts, totalling £300 19s. 6d., in respect of cases where the doctor himself was unable to recover the fee, were sent in, as compared with 230 accounts, totalling £298 9s. 0d., in 1934. In respect of this sum, the contributions to be recovered from the patients were assessed at £53 19s. 0d.

Milk Assistance Scheme.—The Council's Milk Assistance Scheme, under which dried milk is granted on the Clinic Medical Officer's recommendation, to infants, and to expectant and nursing mothers, in necessitous cases falling within a certain income scale, continued in force. In all, milk to the value of £863 8s. 9d., and cod liver oil emulsion to the value of £24 1s. 3d., making a total of £887 10s. 0d., were granted by the Council to infants and to nursing and expectant mothers, on the advice of the Medical Officer, as compared with £782 12s. 3d. in 1934.

Obstetric Consultations.—In 1926 the Council inaugurated a scheme for the services of a Consultant Obstetric Surgeon to be available to

private practitioners in cases of puerperal sepsis, and in 1931 this service was extended to provide for the attendance of the Consultant, at the request of private practitioners, for consultation, at the patient's own home, in respect of conditions arising (*a*) during pregnancy or puerperium, and (*b*) at parturition.

During the year consultations were asked for on five occasions during labour, and on three occasions during the puerperium; one case was transferred to hospital for Caesarian section, and in the other instances necessary treatment was given at home.

Institutional Provision for Maternity Cases.—As is the case elsewhere, an increasing number of mothers choose to go into public institutions for confinement, and last year 411 patients were delivered in Walton Hospital at the cost of the Public Assistance Committee, and 174 patients were delivered in the Municipal Maternity Home; in addition 45 patients were delivered in voluntary hospitals. The total of 630 represents 39 per cent. of the births registered during the year.

Maternity Home.—During the year 1935, 174 patients were admitted to the Maternity Home, the average duration of stay being 13·7 days; admissions in 1934 numbered 164. Three cases were treated for antenatal supervision, 131 cases were delivered by the nursing staff, 37 cases were delivered by doctors, and 2 cases were transferred to the Liverpool Maternity Hospital before delivery for Caesarian section. Medical assistance was called in by the Matron on 7 occasions during labour, 21 times for rupture of perineum, twice during the puerperium, and once on account of the condition of the infant. Six cases were notified as puerperal pyrexia. There were no cases of ophthalmia neonatorum. All the cases but five left the institution with their babies being breast fed.

Cases delivered by forceps numbered 7, or 4·0 per cent., as compared with 29·5 per cent. in a recently prepared examination of 14,614 cases delivered in private medical practice.

There were 7 foetal deaths (still-born or dying within 10 days of birth) in 5 of which the child was still-born.

One hundred and four of the patients were admitted in respect of their first confinement, and there were 42 cases of readmission to the home of former patients, of whom 9 were admitted for the third time, and one for the fourth time. There were two sets of twin births.

Post-Natal Supervision of the Mother.—The medical examination of mothers a few weeks after delivery, locally first instituted in 1929, has been continued and 100 patients attended for such post-natal supervision, as compared with 105 in 1934.

Advice on special or general matters of hygiene was given to all the patients, and simple treatment was prescribed for such commonly occurring conditions as anaemia and constipation. Where examination disclosed conditions requiring further investigation or treatment, the patients were referred to the appropriate agencies, including twelve references to hospitals, and six to the Mothers' Welfare Clinic.

Puerperal Morbidity and Mortality.—Twenty-three cases of puerperal pyrexia and three cases of puerperal fever were notified during the year. One death was registered from puerperal fever, and one from other diseases and accidents of pregnancy and parturition.

During the year one case of maternal death during pregnancy and parturition occurred, the cause of death being registered as "syncope, haemorrhage, parturition." The circumstances of the confinement were investigated by the Medical Officer of Health, and a confidential report, not identifying the patient, was sent to the Departmental Committee on Maternal Mortality set up by the Ministry of Health.

The two deaths thus classified to pregnancy and childbirth give a maternal mortality rate of 1.22 per 1,000 (live) births, and the following table shows that although there have been fluctuations in this rate, the local experience has been more favourable than that of the country as a whole. On this account an intensive investigation of local maternity practice was conducted in April 1936 by medical officers of the Ministry of Health, this district being used as a control area in the enquiry being undertaken in areas with high maternity mortality rates.

MATERNAL MORTALITY.
Deaths classed to pregnancy and childbearing.

Period.	BOOTLE.		ENGLAND & WALES.
	No. of Deaths.	Rate per 1,000 (live) Births.	Rate per 1,000 (live) Births.
1911-1920	66	3·13	4·07
1921-1925	31	3·10	3·90
1926-1930	26	2·73	4·28
1931	7	4·20	4·11
1932	6	3·39	4·21
1933	6	3·63	4·51
1934	7	4·26	4·60
1935	2	1·22	4·00

INFANT WELFARE.

Notification of Births Acts.—The number of live births notified under these Acts was 1,481; 326 were births to parents who normally resided outside the Borough. 1,454 notifications were received from midwives and 16 from doctors and parents. In addition 438 transfers of live births and 21 of still births to Bootle parents in Liverpool institutions were received. There were 53 still-births notified (including 10 to non-Bootle residents).

The babies were visited shortly after birth by the Infant Welfare Visitors, unless it was considered that suitable advice could be obtained from other sources. A summary of the work of the Infant Welfare Visitors is given on page 92.

Births Registered.—The number of live births registered in the district was 1,491, from which 337 are to be deducted as born in Bootle to residents of other districts, and to which are to be added 482 births to Bootle parents temporarily out of the town; the corrected figure is therefore 1,636. Of the number registered 54 were illegitimate.

Still-births.—The number of still-births registered in the district was returned by the Registrar-General as 58; this figure corrected for 35 inward and 14 outward transfers gives a net total for the year of 79, as compared with 71 for 1934. As full an investigation as possible has been obtained in respect of each such case, and 27 of the foetuses were forwarded for pathological examination.

To obtain a complete picture of the true position as to infant mortality the still-births (which include deaths of infants both before birth and during the act of birth) should be added to the deaths of infants in their first twelve months of independent existence, and the following table is given with that end in view:—

Year.	DEATHS OF INFANTS.					
	Still Births.		Post-Natal.		TOTALS.	
	No.	Rate	No.	Rate	No.	Rate
1926 ...	63	32	187	100	250	129
1927 ..	58	31	141	78	199	106
1928 ..	53	29	186	107	239	133
1929 .	65	38	138	83	203	118
1930 ...	84	45	141	79	225	120
1931 ...	64	38	159	95	223	134
1932 ...	92	52	152	86	244	138
1933 ...	76	44	145	88	222	132
1934 ..	71	41	126	77	197	118
1935 .	79	46	150	92	229	138

Infant Deaths.---There were 150 deaths of infants under the age of twelve months, which total expressed as a rate per 1,000 births gives an infant mortality rate of 92, compared with 77 during 1934.

The trend of infant mortality in recent years is set out in the table below:—

Years.			BOOTLE	England and Wales
1901-05	...	...	166	138
1906-10	...	...	130	117
1911-15	...	...	133	110
1916-20	...	...	103	91
1921-25	...	...	91	76
1926-30	...	...	89	68
1931	...	...	95	66
1932	...	...	86	65
1933	...	...	88	64
1934	...	...	77	59
1935	...	...	92	57

The rise in the infant mortality rate in the year under review did not begin to be evident until the second quarter, when 34 deaths were registered as against 28 in the second quarter of 1934; the rise continued in the third quarter with 32 deaths as against 25 in 1934, and was carried further to 47 in the fourth quarter as compared with 32 in the corresponding quarter of 1934.

An examination of the ages at death shows the high rate to have operated severely in the first four weeks after birth with 73 deaths as compared with 52 during 1934, and again in the age period from six to nine months with 24 deaths as against 18 in 1934. Further, an examination of the causes of death shows a greater incidence of respiratory disease during the year, the excess being marked in the fourth quarter with 22 deaths from bronchitis and pneumonia, as compared with 11 in the corresponding quarter of 1934.

The infantile mortality rate was uneven throughout the various Wards; the approximate rates were:—123 in Mersey, 122 in Knowsley, 94 in Stanley, 82 in Derby, 81 in Linares, and 64 in Orrell.

The rate of infantile mortality amongst legitimate infants was 88 per 1,000 births and amongst illegitimate infants it was 204. In conformity with the usual experience the mortality rates for males were higher than those for females, both during the first four weeks and in the subsequent months. The most important of the causes of death, which are given in detail on page 71, were bronchitis and pneumonia 42; prematurity 31; convulsions 15; congenital malformation 14; diarrhoea and enteritis 9; atrophy, debility, and marasmus 7; and measles 4.

Infant Mortality in Lancashire County Boroughs.—The Medical Officers of Health of other Lancashire County Borough have kindly supplied me with the information enabling me to compile the following list of infant mortality rates per 1,000 births during 1935:—

Town.	Infant Mortality Rate.	Town.	Infant Mortality Rate.
Blackpool ...	45	Manchester ...	71
Oldham ...	62	Salford ...	78
Blackburn ...	63	Preston ...	81
Bolton ...	64	Liverpool ...	83
Southport ...	64	BOOTLE ...	92
Warrington ...	64	Rochdale ...	93
Burnley ...	66	St. Helens ...	94
Bury ...	66	Wigan ...	97
Barrow-in-Furness..	70		

Neo-Natal Mortality.—Fifty-five children died before they were a week old, and a total of 73, or 48·7 per cent. of all the deaths under one year, occurred in children under the age of one month. This is a neo-natal mortality rate of 44·6 per 1,000 births.

DEATH-RATES PER 1,000 BIRTHS, OF INFANTS UNDER FOUR WEEKS.

Years.	BOOTLE.	ENGLAND AND WALES.
	Deaths per 1,000 Births.	Deaths per 1,000 Births.
1906—1910	37·0	40
1911—1915	39·2	39
1916—1920	32·3	37
1921—1925	34·2	33
1926—1930	32·7	32
1931	40·8	32
1932	32·8	32
1933	34·5	32
1934	31·6	31
1935	44·6	

Public Health (Ophthalmia Neonatorum) Regulations, 1926.—Eleven cases of ophthalmia neonatorum were notified during the year, compared with 19 in 1934 and 9 in 1933, the rates per 1,000 births being 6·7 for 1935, 11·6 for 1934, and 5·4 for 1933. The disposal of the cases and the results are shown in the table below:—

Cases.			Vision Unimpaired.	Vision Impaired.	Removed from Area	Still under Treatment at end of year.	Total Blindness.	Deaths.
Notified.	Treated.							
	At Home.	In Hospital						
11	7	4	10	—	—	1	—	—

No action under the Public Health Act, Section 66, for the prevention of blindness or for the treatment of persons suffering from disease or injury to the eyes has been taken other than a continuance of the arrangements already made with St. Paul's Eye Hospital, Liverpool, for the reception of new-born infants suffering from inflammation of the eyes, with their mothers.

Home Visitation of Infants.—There are seven officers on the health visiting staff, of whom one devotes her time to general clinic supervision and to certain special duties; two give half their time to tuberculosis visiting, and another gives one-quarter of her time to the School Medical Service; the establishment is, therefore, equivalent to $5\frac{3}{4}$ visitors giving their whole time to Maternity and Child Welfare duties. This staff allowed on the average of the payment of three visits to each infant under one year, two visits each to infants in their second year, and one visit to each child between the age of two and five years. In all, 16,935 visits were paid, as compared with 14,069 during 1934.

Infant Welfare Clinics.—There are at present six Infant Consultations held weekly at two Centres. The number of new infants presented for examination and advice at such Centres during the year was 1,387, as compared with 1,425 during 1934, and 1,759 during 1933. Of these, 1,041 were infants under the age of one year, and 346 were over that age. The total attendances throughout the year numbered 18,923, compared with 23,044 during 1934. The average attendance at each meeting varied from 43 at the Wednesday morning session at the School Medical Offices to 74 at the Tuesday afternoon session at the School Medical Offices and the Wednesday afternoon session at the Health Centre.

Education in mothercraft, which is the prime function of the Infant Welfare Clinics, was continued during the year, and included special talks given by the Health Visitors to groups of mothers at the Clinics held at the Health Centre; these talks formed part of a considered syllabus dealing with the principal points in infant hygiene.

YOUNG CHILD WELFARE.

An examination on the lines of school medical inspection has again been offered to children within three months of their attaining three years of age. 157 children were so examined, and in 104 cases, *i.e.*, 66 per cent., it was necessary to note a defect or to give advice on a subject raised by the parent; advantage was taken of the facilities for treatment at the various specialist School Clinics, and the help of the Liverpool Child Welfare Association was enlisted in providing tonics and convalescent treatment in special cases.

Convalescent Home Provision.—Provision was, as usual, made in the Maternity and Child Welfare Sub-Committee's estimates for grants towards the cost of convalescent home treatment for children under

the age of five years, and there is little doubt that child health would be much improved by a readier acceptance of the routine of good food, open air, exercise, and rest, practised in the modern convalescent home. The position in this regard showed an improvement during the year, five children under five years of age and 78 children over that age receiving convalescent treatment.

Nurse Children.—The new powers in respect of the reception of children under the age of nine years for reward conferred on the Council by the coming into force of the Children and Young Persons Act, 1932, are administered through the Health Visitors, who supervised the general health and well-being of 14 such children who were on the register on 31st December last.

Boarded-out Children.—At the end of the year two children were on the Register of Children boarded-out by the Council under Part VI. of the Public Assistance Order, 1930. Both children received four visits from the School Nurses during the year. The rules contained in the Order have been observed, and the reports on the homes and the general condition of the children have continued satisfactory.

The Liverpool Child Welfare Association.—This Association has continued to send workers one morning each week to the School Medical Offices to facilitate the arrangements for dealing with recommendations of the medical staff of the Council or private doctors for the provision of surgical appliances, cod liver oil, extra nourishment, or convalescent home treatment, to infants and school children.

IX. HEALTH EDUCATION.

Health Education was continued as in previous years by the Council's medical and nursing staff, the latter undertaking a series of health talks three times weekly to mothers in attendance at the clinics, in supplement of the more informal instruction given in the homes.

Further, a local edition of 2,000 copies of "Better Health" was published without cost to the Council monthly until July. Unfortunately it was then found impossible to obtain the advertising support which had made free publication possible, and the issue lapsed. Supplementary pages of copy supplied by the staff of the Health Department enabled the following topics to be dealt with during the period of issue:—"Should the Dental Clinic treat toothache?" "The Public Health Department," "Clean Food Supply," "The Bed-Bug,"

"Diphtheria," "The Health of Bootle in 1934," and "How to eat." It is satisfactory now to be able to report that publication has been resumed since March 1936.

In addition, advantage was taken of the scheme organised by the Central Council for Health Education for the regular supply and display of designs from the various national organisations having special interests such as maternity and child welfare, tuberculosis, the milk supply, and venereal diseases.

X. NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

Professional Nursing in the Home.—The services of the Bootle District Nurses' Association are available for the nursing in their own homes of patients suffering from puerperal fever, measles, whooping cough, epidemic diarrhoea, ophthalmia neonatorum, pneumonia, and poliomyelitis; information as to cases requiring such attention is mainly derived from the health visiting staff, and the financial arrangements with the Association provide for payment by the Council of an annual retaining fee of £35, together with a charge of 8d. per visit in approved cases. The classification of such work by the District Nurses' Association follows:—

	Carried over from 1934	New Cases	Total	Total Visits	Transferred for treatment to Hospital	Died	Im. proved	Under treatment at end of 1935
Tuberculosis	1	8	9	566	3	—	5	1
Discharging eyes	—	45	45	565	1	—	41	3
Pneumonia	—	36	36	485	2	1	32	1
Worms	—	39	39	272	—	—	39	—
Diarrhoea	—	9	9	85	—	—	9	—
Measles	—	5	5	69	—	—	5	—
Other diseases	—	26	26	372	1	—	25	—
	1	168	169	2414	7	1	156	5

Midwives.—Thirty-six midwives, excluding those practising in local municipal maternity homes, signified their intention to practise within the district during the year commencing 1st January 1935. Apart from the staff of the Municipal Maternity Home, there is no direct employment of or subsidy to practising midwives, although responsibility is accepted for the payment of the midwife's fee in such cases as are sanctioned by the Maternity and Child Welfare Sub-Committee after consideration of the patient's income, size of family, etc.

Hospitals.—The Bootle General Hospital (100 beds) is the only general hospital situate within the Borough boundary, but the Liverpool voluntary hospitals (both general and special) are also attended by Bootle residents.

Other institutional accommodation for the sick is obtained, as explained elsewhere in the Report, by agreement with the Liverpool City Council for reception into their institutions of sick persons, resident in the Borough, for whom other provision is not at the time available.

Clinics and Treatment Centres.—The Clinics and Treatment Centres under the control of the Local Authority remain as described in the Annual Report for 1932.

XI.—HOUSING.

Housing Progress during 1935.—During 1935 one hundred and seventy-two houses were erected under municipal housing schemes, and three hundred and fifty were erected by other bodies and persons. The table below demonstrates the progress made with new housing provision during recent years:—

Houses Erected				by Local Authority	by Private Enterprise	by Private Enterprise assisted by Corporation on Corpora- tion land
Number of houses completed during 1920				26	—	—
" " " 1921				76	5	—
" " " 1922				200	—	—
" " " 1923				—	5	—
" " " 1924				2	—	—
" " " 1925				88	3	—
" " " 1926				84	—	—
" " " 1927				182	9	—
" " " 1928				305	—	—
" " " 1929				346	6	—
" " " 1930				348	—	—
" " " 1931				394	—	—
" " " 1932				176	46	11
" " " 1933				79	17	104
" " " 1934				26	44	286
" " " 1935				172	157	206
Totals				2504	292	607

Housing Survey.—The Housing Act, 1935, contains sections designed to ascertain the extent of overcrowding in the area, and for that purpose prescribes a standard of overcrowding and calls for a survey of the district, and the application of the standard to the facts so disclosed; further, subject to suitable safeguards the infringement of that standard is made a punishable offence after an appointed day. It may be well to remark that the Minister of Health has pointed out that this standard does not represent any ideal standard of housing, but the minimum which is, in the view of Parliament, tolerable while at the same time capable of immediate or early enforcement.

The obligation to make a survey was discharged locally by the temporary engagement of enumerators who commenced on 18th November 1935 the necessary house-to-house visitation and completion of the forms setting out details as to the number of rooms, number of occupants, and the ages of those members of the family below ten years. The results of this preliminary survey, completed on 11th December, indicated those dwellings which were certainly or probably overcrowded, and the next portion of the enquiry consisted of the measurement of all living and sleeping rooms in those dwellings, completed on 10th February 1936, and the subsequent application to the calculated figures of floor areas of the formula contained in the first schedule to the Act.

Using the definition of "dwellinghouse" adopted in the Housing Act, 1935, Sec. 12, viz., "Any premises used as a separate dwelling by persons of the working classes or of a type suitable for such use," the Borough was found to have 19,112 "houses," of which 1,020, or 5·3 per cent., were found to be overcrowded, and 681, or 3·6 per cent., were found to be providing just the minimum accommodation required by the Act. These figures of course will require modification in the near future due to new cases of overcrowding arising through the growth of families in age and number, and the survey schedules indicate that this position will arise in 105 cases before the end of 1936. A full presentation of the position disclosed by the survey is set out in the following table, the figures to the left of the stepped diagonal line showing the overcrowded families, the worst cases being those which are farthest from that line.

OVERCROWDING SURVEY.

REPORT.

1. Name of Local Authority ... County Borough of Bootle.
2. Area to which form relates ... The whole area comprising the County Borough.

No. of "Persons" in Family.	Number of Families containing the number of persons in the first column occupying dwellings with the permitted number shown at the head of this column.																											Over- crowded (a)	Un- crowded (b)	TOTAL (c)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Nil	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26				27																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
1	1	27	30	444	211	135	99	1	120	8	38	—	70	5	4	10	129	—	2	18	2	—	12	—	—	—	8	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Examination of the table further shows the total number of houses of various sizes which would be required to rehouse the families shown to be overcrowded. From these totals are to be deducted the number of houses of the same size which would be left vacant by the transfer of the overcrowded families, and the number of vacant houses of the same size which were unoccupied at the time of the survey. On the former point, however, it should be said that regard must be had of the view that the obligation to provide suitable alternative accommodation for the overcrowded families will not be satisfied by the offer of two or three rooms in a four or five-roomed house, vacated by one over-crowded family, to another overcrowded family slightly smaller in size because of the lack of separate sanitary and washing conveniences and of facilities for food-storing and cooking. On the latter point, as to the availability of vacant houses, it may be said that account has been taken of all vacant houses of seven rooms or less, although it is probable that a number of these would not in fact be available at rents suitable to the potential tenants, and, further, it is accepted that a certain number of vacant houses is always necessary in order to permit of movement of population from house to house.

A useful commentary on the estimate of new houses required, as now being calculated, is afforded by the consideration of existing housing applications set out in the following table.

Housing Applications in 1936.—New or renewed applications for municipal houses are constantly being received, and the table below classifies the 931 applications now on the register from non-householders resident in the Borough.

HOUSING CIRCUMSTANCES OF APPLICANTS FOR MUNICIPAL HOUSES ON
DECEMBER 31ST 1935.

	Number Living in 1 Room.	Number Living in 2 Rooms.	Number Living in 3 Rooms.	Number Living in 4 Rooms.	Number Living in 5 Rooms.	Totals.
Husband & Wife ...	40	143	4	—	—	187
„ + 1 child	66	207	15	2	—	290
„ + 2 children	51	145	12	1	2	211
„ + 3 „	21	61	8	3	—	93
„ + 4 „	7	32	4	—	1	44
„ + 5 „	6	12	4	—	1	23
„ + 6 „	1	7	5	—	—	13
„ + 7 „	—	5	1	1	—	7
„ + 8 „	—	2	2	—	—	4
Widow or Widower ...						
„ + 1 child	3	8	—	—	—	11
„ + 2 children	3	9	1	1	—	14
„ + 3 „	1	10	3	—	—	14
„ + 4 „	—	4	2	—	—	6
„ + 5 „	—	2	—	—	—	2
„ + 6 „	1	1	—	—	—	2
„ + 7 „	—	—	—	—	—	—
„ + 8 „	—	1	—	—	—	1
Single Persons ...	9	—	—	—	—	9
Totals ...	209	649	61	8	4	931

Improvement Areas.—(a) The Howe Street Improvement Area, declared in 1932, received 144 inspections during the year, and it is satisfactory to report that the standard of observance of the Bye Laws has been maintained. The former regulations governing overcrowding contained in the Bye Laws are now replaced by the provisions of the Housing Act, 1935.

(b) The Miller's Bridge Improvement Area No. 1, which was declared in 1934, contains 49 houses, which the owner satisfactorily repaired during the year. Closing Orders which had been made in respect of the basement rooms were determined, following the execution of very extensive structural alterations. The alterations provided for adequate lighting to the basement rooms, the construction of an internal staircase giving access from each basement to the rooms on the floor above, the provision of better yard accommodation, including the taking down of a small yard at the rear of the rooms immediately above the basements, and the provision of food stores, sinks, and wash boilers; further, the basement rooms were constituted one tenement with the two rooms on the ground floor above.

In respect of their obligations to displaced persons whom it was necessary to re-house, the Corporation granted the tenancy of a Corporation house to each of 22 families displaced, the re-housing being completed in March 1935.

In order to see that the Bye Laws made in respect of this Improvement Area has been observed, 98 visits of inspection were made, and with minor exceptions the standards laid down in the Bye Laws were found to have been maintained.

(c) The Miller's Bridge Improvement Area No. 2, containing 13 houses, was the third and last of the areas to be dealt with as an improvement area, and this was declared by the Council on 5th June 1935.

Notices under the Housing Act, 1930, Sec. 17, have been served requiring the execution of certain works to render the houses fit for habitation. A part of the work required has been completed, including that of taking down dilapidated and obstructive outbuildings in the yards at the rear of each of the houses in one block of six, with consequent increased lighting to the rooms at the rear of the premises, and a corresponding increase in air circulation. A voluntary agreement has been reached between the owners and the Corporation to close the front basement room at each house.

In respect of their obligation to re-house displaced persons, the Corporation granted the tenancy of a Corporation house to one family of 8 persons in December 1935.

Housing Act, 1930, Sec. 17.—During the year a total of 450 houses was inspected under the above Section, the property being distributed in Wards as follows:—Knowsley Ward 4, Mersey Ward 224, Stanley Ward 24, Derby Ward 87, and Linacre Ward 111.

In many cases the work carried out has been of an extensive nature and great improvements have been effected. This is notably the case in respect of the houses in Seaforth Street, at which, in addition to re-conditioning, increased lighting has been obtained to staircases and landings, and the washboilers and sinks have been reconstructed to provide better amenities for the tenants.

Considerable structural alterations were effected at the whole of the remaining houses in Johnstone Street, including the demolition of the wing bedrooms, with improvement in the light and ventilation to the rooms at the rear of the properties.

In the quinquennial statement prepared in December 1930, in compliance with the Housing Act, 1930, it was stated that the estimated number of houses to be repaired under Sec. 17 within the following five years was 1,171; it was subsequently found necessary to include during this period a number of other houses for similar action. The position at the end of March 1936 in respect of the 1,171 houses originally scheduled is, that of this number 776 houses have been repaired, work is in progress at 160 houses, and at the remaining 135 houses, work is in hand or about to be commenced. The progress made in regard to action taken under Sec. 17 at the end of December 1935 can be summarised as follows:—

Number of houses inspected	...	...	...	...	...	1700
„ „ „ in respect of which informal notices were served	...	...	...	...	...	1700
„ „ „ at which work was completed as a result of informal notice	...	...	...	...	...	1068
„ „ „ in respect of which Statutory notices were served	...	...	...	...	...	210
„ „ „ at which work was completed as a result of Statutory notices	...	...	...	...	...	147
„ „ „ at which work was in progress	...	...	...	...	...	296
„ „ „ at which work was not commenced	...	...	...	...	...	126

Pleasant View Clearance Area.—Successive Annual Reports since 1929 have recorded the steps taken to deal with property comprised within the Pleasant View area, and the position in April 1936 is that forty houses have been vacated, of which number 36 have been demolished; fifty-eight houses have been erected on the Marsh Lane site to accommodate the sixty families so displaced, twenty-one houses are in course of erection on the old site, and sixteen houses are being erected in Bulwer Street for the accommodation of the families in the houses still remaining.

HOUSING STATISTICS.

I. *Inspection of Dwelling-houses during the Year.*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2358
(b) Number of inspections made for the purpose	7413
(2) (a) Number of dwelling-houses (included under subhead (1) above) which were inspected, and recorded under the Housing Consolidated Regulations, 1925	450
(b) Number of inspections made for the purpose	4460
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	2181

II. *Remedy of Defects during the year without Service of formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1616
--	------

III. *Action under Statutory Powers during the Year.*

A. Proceedings under sections 17, 18 & 23 of the Housing Act, 1930—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	47
(2) Number of dwelling-houses which were rendered fit after service of formal notices—	
(a) by owners	67
(b) by Local Authority in default of owners	—

B. Proceedings under Public Health Acts—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	512
(2) Number of dwelling-houses in which the defects were remedied after service of formal notices—	
(a) by owners	490
(b) by Local Authority in default of owners	—

C. Proceedings under sections 19 & 21 of the Housing Act, 1930—

- | | |
|--|---|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | — |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | — |

D. Proceedings under section 20 of the Housing Act, 1930—

- | | |
|--|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | 9 |

E. Proceedings under section 3 of the Housing Act, 1925—

- | | |
|--|-----|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | Nil |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices— | |
| (a) by owners | Nil |
| (b) by Local Authority in default of owners | Nil |
| (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declaration by owners of intention to close | Nil |

F. Proceedings under sections 11, 14 and 15 of the Housing Act, 1925—

- | | |
|--|-----|
| (1) Number of dwelling-houses in respect of which Closing Orders were made | Nil |
| (2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... | Nil |
| (3) Number of dwelling-houses in respect of which Demolition Orders were made | Nil |
| (4) Number of dwelling-houses demolished in pursuance of Demolition Orders | Nil |

XII. BLIND WELFARE.

The duties of the Council under the Blind Persons Act, 1920, are administered in accordance with a revised scheme and regulations which received the approval of the Minister of Health in April 1934.

During the year the Ophthalmic Surgeon held 8 clinics and examined 38 cases; and also examined one case at home, owing to physical disability which prevented attendance at the clinic. Of this total of 39 examinations 18 were added to the register of blind persons, and there were also two transfer cases added. Twelve names were removed, 1 owing to decertification, 9 to death, and 2 to removal outside the Borough, leaving a total on the register at the end of 1935 of 156 persons as compared with 148 last year.

The age and sex classification of the 156 persons referred to is as follows:—

Age Group.			Males.		Females.		Total.
0—5 years	...	...	—	...	—	...	—
5—16	„	...	6	...	3	...	9
16—21	„	...	—	...	1	...	1
21—30	„	...	9	...	6	...	15
30—40	„	...	7	...	4	...	11
40—50	„	...	5	...	4	...	9
50—60	„	...	6	...	11	...	17
60—70	„	...	20	...	23	...	43
Over 70 years	...	...	21	...	30	...	51
			<hr/>		<hr/>		<hr/>
		Totals	...	74	82	...	156
			<hr/>		<hr/>		<hr/>

A return furnished by the Home Teaching Society in October 1935 showed that they were then assisting 113 unemployable blind with money grants at a total weekly cost of £69 11s. 9d., the amount of relief being given varying from 1/6 to 25/- weekly, with the maximum amount of 25/- being paid in 12 cases. In addition one person was entered as undergoing training and eight (6 males and 2 females) as being employed at Blind Workshops. During the year 20 applications for the certification of blindness in order to take advantage of the Wireless Telegraphy (Blind Persons Facilities) Act, 1926, were granted.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1935 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Number	Nett.		Number.	Rate.*	of Non-residents registered in the District. 8	of Residents not registered in the District. 9	UNDER ONE YEAR OF AGE		AT ALL AGES.	
			Number. 4	Rate. 5					Number.	Rate per 1,000 Nett Births	Number.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1914.	73,230	2,279	2,321	31.7	1,033	14.1	54	263	286	123	1,242	17.0
1915.	Civil 71,617 Total 74,285	2,023	2,050	27.6	1,054	14.7	62	294	292	142	1,285	17.9
1916.	Civil 71,135 Total 77,396	2,047	2,076	26.8	1,101	15.5	80	258	227	109	1,279	18.0
1917.	Civil 68,871 Total 76,772	1,853	1,873	24.4	1,023	14.1	91	281	187	99	1,213	17.6
1918.	Civil 73,500 Total 80,500	1,781	1,810	22.5	1,224	16.6	63	268	210	116	1,429	19.4
1919.	Civil 77,000 Total 80,500	1,860	1,914	23.9	988	12.7	79	245	184	96	1,154	15.0
1920.	80,029	2,285	2,289	28.6	1,000	12.5	59	195	223	97	1,136	14.2
1921.	76,487	2,142	2,068	27.0	817	10.7	43	236	198	96	1,010	13.2
1922.	76,518	2,144	2,051	26.8	877	11.5	42	258	164	80	1,093	14.3
1923.	76,549	2,159	1,999	26.1	868	11.2	50	262	170	85	1,070	14.0
1924.	76,581	2,078	1,942	25.4	799	10.4	59	226	192	99	966	12.6
1925.	76,612	2,077	1,943	25.4	820	10.7	53	324	188	97	1,091	14.2
1926.	76,643	1,958	1,865	24.3	730	9.5	36	311	187	100	1,005	13.1
1927.	76,674	1,916	1,817	23.7	734	9.6	39	339	141	78	1,034	13.5
1928.	76,705	1,793	1,746	22.8	703	9.2	48	379	186	107	1,033	13.5
1929.	76,737	1,668	1,660	21.6	713	9.3	34	414	138	83	1,093	14.2
1930.	76,768	1,774	1,793	23.4	608	7.9	61	394	141	79	941	12.3
1931.	77,160	1,709	1,667	21.6	731	9.5	55	464	159	95	1,140	14.8
1932.	77,260	1,711	1,768	22.9	638	8.3	48	437	152	86	1,027	13.3
1933.	77,210	1,532	1,652	21.4	648	8.4	56	483	146	88	1,075	13.9
1934.	76,800	1,541	1,644	21.4	587	7.6	45	448	126	77	990	12.9
1935.	76,500	1,491	1,636	21.4	568	7.4	46	453	150	92	980	12.8

* These rates are based on the uncorrected numbers.
Area of District in acres (land and inland water)—1,947.

APPENDIX 2

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1935.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.											Total Cases Notified in each Locality (e.g., Parish or Ward) of the District.						
	At all Ages.	At Ages.—Years.										Derby Ward.	Stanley Ward.	Mersey Ward.	Knowsley Ward.	Linacre Ward.	Orrell Ward.	
		Under One year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45							45-65	Over 65 yrs.
Smallpox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera-Plague .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Mem- branousCroup)	199	2	4	12	14	65	45	14	24	1	1	..	25	19	20	28	41	66
Erysipelas	48	..	..	..	..	1	1	5	10	6	16	9	11	4	5	7	12	9
Scarlet Fever	164	3	9	16	27	64	18	2	8	..	..	..	29	18	18	23	36	40
Typhus Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	3	..	..	..	..	..	..	..	3	3	..	..	1	6	3	1	..	1
Puerperal Pyrexia	23	..	..	1	..	..	..	..	20	..	..	..	7	..	1	4	2	1
Cerebro-spinal Meningitis ..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-myelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum ..	11	11	..	..	..	..	..	..	..	..	..	..	..	1	2	3	3	2
*Infantile Diarrhoea	29	18	11	..	..	..	1	2	6	4	5	..	3	1	10	6	8	2
Influenzal Pneumonia	21	..	2	1	..	..	..	..	..	..	..	..	4	..	3	2	2	11
Acute Primary Pneumonia ..	163	20	26	7	5	22	10	9	16	11	21	2	26	8	28	23	28	50
Trench Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Totals	664	56	50	37	46	152	75	32	87	25	43	11	106	57	90	96	133	182

* Voluntary notification of cases under the age of two years during July, August and September.

Isolation Hospital or Hospitals, Sanatoria, etc.:—Corporation Hospital, Linacre Lane, Bootle; Sanatorium, Maghull.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.										TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN INSTITUTIONS IN THE DISTRICT
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 & under 25 years.	25 & under 45 years.	45 & under 65 years.	65 and upward.		
All causes { Certified Uncertified	953 27	145 5	29 1	26 ..	27 ..	39 1	115 3	239 7	333 10	120 14	
Enteric Fever	
Small-pox	
Measles	26	4	11	7	4	3	
Scarlet Fever	2	1	1	2	
Whooping Cough	5	2	1	2	
Diphtheria and Croup	8	4	4	12	
Influenza	12	1	2	3	6	..	
Erysipelas	5	2	..	3	..	
Phthisis (Pulmonary Tuberculosis)	80	2	17	42	14	5	13	
Tuberculous Meningitis	6	1	1	2	2	2	
Other Tuberculous Diseases	4	1	..	1	1	1	..	1	
Cancer, malignant disease	120	1	8	60	51	13	
Rheumatic Fever	6	3	1	2	
Meningitis	10	2	1	..	2	1	3	1	
Organic Heart Disease	123	1	5	16	31	70	5	
Bronchitis	45	3	2	8	32	2	
Pneumonia (all forms)	112	39	8	6	1	2	10	22	24	13	
Other diseases of respiratory organs	22	1	..	1	1	..	1	10	8	2	
Diarrhoea and Enteritis	9	9	1	
Appendicitis and Typhlitis	1	1	
Cirrhosis of Liver	2	2	..	
Alcoholism	
Nephritis and Bright's Disease	31	1	1	2	12	15	3	
Puerperal Fever	1	1	
Other accidents and diseases of Preg- nancy and Parturition... ..	1	1	
Congenital Debility and Malformation, including Premature Birth	52	52	4	
Violent Deaths, excluding Suicide	30	1	3	..	3	3	5	8	7	25	
Suicide	9	1	6	2	..	
Other Defined Diseases	251	34	5	2	2	7	19	64	118	28	
Diseases ill-defined or unknown... ..	7	2	5	..	5	
Totals	980	150	30	26	27	40	118	246	343	134	

[illegible]

INFANT MORTALITY.

1935. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 year.							Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under One Year.
	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4 weeks.	5 weeks.	6 weeks.						
All Causes	54	9	6	3	72	1	1	146	23	18	23	10	4
{ Certified
{ Uncertified
Small-pox
Chicken-pox
Measles
Scarlet Fever
Whooping Cough
Diphtheria and Croup
Erysipelas
Tuberculous Meningitis
Abdominal Tuberculosis
Other Tuberculous Diseases
Meningitis (not Tuberculous)
Convulsions
Laryngitis
Bronchitis
Pneumonia (all forms)
Diarrhoea
Enteritis
Gastritis
Syphilis
Rickets
Suffocation, overlying
Injury at Birth
Atelectasis
Congenital Malformations
Premature Birth
Atrophy, Debility and Marasmus
Other Causes
Totals	55	9	6	3	73	1	1	150	24	19	24	10	4

Nett Births in the year { legitimate infants ... 1,582 } illegitimate infants ... 54
Nett Deaths in the year { legitimate ... 136 } illegitimate ... 14

APPENDIX 5.

Memo. 37/T. (Revised).
FIRST SCHEDULE.

Form T. 145.

TUBERCULOSIS SCHEME.
RETURN FOR THE YEAR 1935.

(A) Return showing the work of the Dispensary (or Dispensaries).

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):—														
a) Definitely tuberculous .	57	32	4	2	2	5	7	5	59	37	11	7		114
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	3	6	8	4		21
(c) Non-tuberculous	—	—	—	—	—	—	—	—	31	38	15	12		96
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous .	2	2	—	—	—	—	—	—	2	2	—	—		4
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	7	3	3		14
(c) Non-tuberculous	—	—	—	—	—	—	—	—	19	44	39	48		150
C.—CASES written off the Dispensary Register as:—														
(a) Recovered	2	6	—	1	—	4	7	5	2	10	7	6		25
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	53	98	59	63		273
D.—NUMBER OF CASES ON Dispensary Register on December 31st:—														
(a) Definitely tuberculous .	215	150	10	19	22	36	60	63	267	186	70	82		605
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	5	6	13	8		32

1. Number of cases on Dispensary Register on January 1st	658	7. Number of consultations with medical practitioners:—	
		(a) Personal	2
		(b) Other	244
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	14	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	20
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	60	9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	2078
4. Cases written off during the year as Dead (all causes)	76	10. Number of:—	
		(a) Specimens of sputum, etc., examined	589
		(b) X-ray examinations made ... in connection with Dispensary work	400
5. Number of attendances at the Dispensary (including Contacts)	6411	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above	4
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	160	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	251

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council ... One Provided by Voluntary Bodies ... Nil

APPENDIX 5 (continued).

(C) Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council.

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total
	Adults	Children under 15	Adults	Children under 15	
Linacre Hospital	28	..	...	.	28
Maghull Sanatorium	22	...	...	...	22

(D) Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institutions on Jan. 1st	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st
Number of doubtfully tuberculous cases admitted for observation	Adult males	1	1	2	—	—
	Adult females	3	2	4	—	1
	Children	2	1	2	—	1
	Total	6	4	8	—	2
Number of patients suffering from pulmonary tuberculosis.	Adult males	22	62	55	7	22
	Adult females	11	42	36	7	10
	Children	2	4	3	—	3
	Total	35	108	94	14	35
Number of patients suffering from non-pulmonary tuberculosis.	Adult males	1	6	6	—	1
	Adult females	2	5	5	—	2
	Children	10	8	8	—	10
	Total	13	19	19	—	13
GRAND TOTAL		54	131	121	14	50

APPENDIX 5 (continued).

(E) Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council.

		In Institutions on Jan. 1.	Admitted during the year.	Dis- charged during the year	Died in the Institu- tions.	In Institu- tions on Dec. 31.
Number of patients suffering from pulmonary tuberculosis.	Adult males	12	32	27	11	6
	Adult females	3	20	18	3	2
	Children	4	1	3	—	2
	Total	19	53	48	14	10
Number of patients suffering from non-pul- monary tuberculosis.	Adult males	7	5	5	2	5
	Adult females	5	3	3	1	4
	Children	9	15	15	4	5
	Total	21	23	23	7	14
GRAND TOTAL		40	76	71	21	24

(F) Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous...	2	3	...	...	...	...	...	...	...	2	3	..
Non-Tuberculous	2	...	...	...	...	...	...	...	...	2
Doubtful	1	...	...	...	...	...	...	...	...	1	...
Totals	2	4	2	...	...	...	...	...	...	2	4	2

APPENDIX 5 (continued).

Non-Pulmonary Tuberculosis.																			
Bones & Joints.	Quiescent	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not Quiescent	...	...	...	1	—	—	1	1	—	—	—	—	1	2	1	3
	Died in Institution	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
																	6		
Abdominal.	Quiescent	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not Quiescent	...	...	...	—	1	—	—	1	—	—	—	—	—	—	1	2
	Died in Institution	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
																	3		
Other Organs.	Quiescent	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not Quiescent	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
																	—		
Peripheral Glands.	Quiescent	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not Quiescent	...	...	...	—	—	—	—	—	—	—	—	1	—	—	1	1
	Died in Institution	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
																	2		
Totals (Non-Pulmonary)				...	1	1	2	1	1	2	—	1	1	—	—	1	3	6	11

APPENDIX 6.

TUBERCULOSIS SCHEME.—

Supplementary Annual Return showing in summary form (a) the condition and (b) the reasons for the removal of all cases written off the Register first entered on the Dispensary Register as definite cases of

Condition at the time of the last record made during the year to which the return relates.		Previous to 1926.					1926.					1927.					1928.					1929.				
		Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus				
		Class T.B. minus	Group 1	Group 2.	Group 3.	Total (Class T.B. plus)	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested.																									
	Adults	M.	6	3	1	-	4	-	-	1	-	1	-	-	-	-	-	-	1	-	1	4	1	-	-	1
		F.	5	-	1	-	1	1	-	-	-	1	-	-	-	-	1	1	-	-	1	-	-	1	-	1
	Children		1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-
	Disease not Arrested.																									
	Adults	M.	8	8	10	3	21	1	-	3	-	3	3	1	-	4	5	4	2	1	7	1	1	2	-	3
		F.	5	2	3	2	7	-	-	1	-	1	-	-	-	-	1	-	1	-	1	2	-	2	-	2
	Children		-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-
	Condition not ascertained during the year.		2	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total on Dispensary Register at 31st December.		27	13	17	5	35	2	-	5	-	5	9	3	1	-	9	5	5	1	11	8	2	5	-	7
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered.																									
	Adults	M.					19	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
		F.					37	4	-	-	-	2	-	-	-	-	3	-	-	-	-	2	-	-	-	-
	Children						28	2	-	-	-	3	-	-	-	-	12	-	-	-	-	1	-	-	-	-
	Lost sight of, or otherwise removed from Dispensary Register.						182	22	1	8	1	10	15	4	6	2	12	17	3	10	1	14	13	3	7	2
							90	12	1	11	17	29	5	2	7	10	19	9	3	14	12	29	9	3	17	8
	Dead.						49	10	1	5	9	15	2	-	10	11	21	9	-	10	4	14	5	2	5	6
	Adults	M.																								
		F.																								
	Children						4	3	-	-	1	1	1	-	-	3	3	4	1	-	1	2	1	1	1	1
	Totals written off Dispensary Register.		409	53	3	25	28	56	28	6	23	26	55	45	7	34	18	59	31	9	30	17	56			
Grand Totals			471	55	3	30	28	61	37	9	24	26	59	54	12	39	19	70	39	11	35	17	63			

PULMONARY TUBERCULOSIS.

at the end of 1935 of all patients remaining on the Dispensary Register;
The Table is arranged according to the years in which the patients were
pulmonary tuberculosis, and their classification at that time.

1930					1931.					1932.					1933.					1934.					1935.				
Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)
1	-	1	-	1	-	-	2	-	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	1	-	1	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	6	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	6	1	7	7	1	4	-	5	4	-	8	-	8	3	3	11	3	17	13	2	17	6	25	11	5	20	18	43
1	-	4	-	4	5	-	2	-	2	6	-	4	1	5	8	7	5	-	12	13	3	14	-	17	8	4	12	8	24
1	-	-	-	-	1	-	-	-	-	3	1	-	-	1	-	1	1	1	3	-	-	1	-	1	3	2	-	-	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	-	1	-	1	3	1	-	-	1	1	-	3	-	3	4	-	1	2	3	3	-	-	1	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	-	13	1	14	24	2	8	-	10	15	1	15	1	17	17	11	18	6	35	29	5	32	7	44	22	11	32	26	69
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	2	5	6	13	20	4	6	4	14	6	2	5	3	10	5	2	4	1	7	3	2	8	-	10	1	-	2	1	3
10	-	11	11	22	7	1	9	16	26	4	-	7	8	15	7	-	5	13	18	2	-	6	12	18	1	-	2	6	8
5	-	10	6	16	5	-	7	6	13	7	-	3	13	16	4	-	5	5	10	5	-	5	4	9	-	-	2	5	7
2	-	1	2	3	4	-	-	2	2	-	-	1	-	1	1	-	1	-	1	-	1	-	1	2	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	2	27	25	54	36	5	22	28	55	17	2	16	24	42	17	2	15	19	36	10	3	19	17	39	2	-	6	12	18
40	2	40	26	68	60	7	30	28	65	32	3	31	25	59	34	13	33	25	71	39	8	51	24	93	24	11	38	38	87

TUBERCULOSIS SCHEME.—

Supplementary Annual Return showing in summary form (a) the condition
(b) the reasons for the removal of

Condition at the time of the last record made during the year to which the return relates.										Previous to 1926.					1926.					1927.					1928.					1929.																
										Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.												
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested.	Adults	M.	F.	Children	Disease not Arrested.	Adults	M.	F.	Children	Condition not ascertained during the year.	Total on Dispensary Register at 31st December.	6	-	4	4	14	-	-	-	2	2	2	-	-	1	3	2	-	1	2	6	2	-	-	3	6									
													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transferred to Pulmonary												-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered.	Adults	M.	F.	Children	Lost sight of, or otherwise removed from Dispensary Register.	Dead.	Adults	M.	F.	Children	Totals written off Dispensary Register.	7	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
													6	-	-	-	2	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
													53	-	9	-	13	22	-	-	-	6	6	1	3	-	7	11	1	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
													10	3	1	4	16	24	6	4	1	5	16	1	1	-	7	2	3	2	3	2	10	6	4	3	8	21	9	4	3	11	27			
													4	-	-	1	-	1	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-												
5	3	1	2	1	7	1	-	-	1	2	1	-	-	1	2	1	-	-	-	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-												
Grand Totals of (a) and (b) (excluding those transferred to Pulmonary)												196	6	11	7	36	60	10	4	1	13	28	6	4	2	18	30	9	4	3	11	27														

NON-PULMONARY TUBERCULOSIS.

at the end of 1935 of all patients remaining on the Dispensary Register; and all cases written off the Register.

1930.					1931.					1932.					1933.					1934.					1935.				
Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.
-	-	-	-	-	-	1	-	-	1	1	-	-	-	1	2	1	-	-	2	5	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	1	2	-	1	-	1	2	1	-	-	1	2	-	-	-	2	2	-	-	-	-	-
2	1	-	2	5	2	1	-	2	11	2	1	-	9	12	2	2	1	10	15	-	-	-	14	14	-	1	-	5	6
1	-	1	-	2	1	-	-	-	1	-	-	-	-	-	2	-	1	-	3	3	-	-	1	4	2	-	1	3	
-	-	-	-	-	-	-	2	-	2	-	-	1	1	2	1	2	-	2	5	2	-	1	1	4	1	3	-	1	5
1	-	-	1	2	1	-	1	1	3	3	-	-	2	5	3	-	-	4	9	6	2	-	5	13	2	-	6	8	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-
4	1	1	3	9	5	2	3	10	20	6	2	1	13	22	13	5	2	21	41	11	2	1	23	37	5	4	1	12	22
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	1	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	1	4	5	-	1	-	4	9	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	3	4	3	3	1	6	13	2	-	-	4	6	2	-	-	5	7	1	-	-	2	3	1	-	-	-	1
1	-	-	-	1	-	-	-	-	-	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	1	-	1	-	-	-	-	-	1	1	1	-	3	-	1	1	-	2	-	-	1	-	1	-	-	-	-	-
1	1	1	1	4	1	1	-	2	4	3	-	-	-	3	-	-	-	-	-	-	1	1	-	2	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1	3	9	17	5	8	1	13	27	10	1	1	5	17	2	1	1	5	9	1	1	2	2	6	1	-	-	-	1
8	2	4	12	26	10	10	4	23	47	16	3	2	18	39	15	6	3	26	50	12	3	3	25	43	6	4	1	12	23

APPENDIX 7.

Form T. 137/1935.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

PART I.—Summary of Notifications during the period from the 1st January 1935, to the 31st December, 1935, in the area of the County Borough of Bootle.

AGE-PERIODS	Formal Notifications												
	Number of Primary Notifications of new cases of Tuberculosis.											Total (all ages)	Total Notifications
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards		
Pulmonary, Males ...	...	...	1	4	2	14	16	15	11	10	4	77	93
" Females	...	1	...	2	13	9	9	10	3	2	2	51	61
Non-pulmonary, Males	...	3	7	...	...	...	1	1	1	1	...	14	15
" Females	1	5	8	2	2	1	3	...	...	...	...	22	30

SUPPLEMENTAL RETURN.

PART II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

AGE PERIODS	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	1	3	4	...	...	2	10
" Females	1	...	3	2	1	...	...	...	7
Non-pulmonary Males	1	...	...	1	...	1	...	...	...	4
" Females	...	1	...	1	...	...	1	...	...	...	...	3

APPENDIX 7 (continued).

The source or sources from which information as to the above-mentioned cases was obtained is stated below:—

SOURCE OF INFORMATION.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns—From Local Registrars	4	3
Transferable Deaths from Registrar-General...	2	...
Posthumous notifications ... ..	...	...
“Transfers” from other areas (other than transferable deaths)	10	4
Other sources, if any.	1	...

PART III.

NOTIFICATION REGISTER.

	Pulmonary.		Non-Pulmonary.			Total Cases
	Males	Females	Total	Males	Females	Total
Number of cases of Tuberculosis remaining at the 31st December, 1935, on the Registers of Notifications kept by the Medical Officer of Health of the County Borough	328	254	582	137	160	297
Number of cases removed from the Registers during the year by reason <i>inter alia</i> of—						
1. Withdrawal of notification ... ..	...	...	...	...	...	...
2. Recovery from the disease	2	6	8	8	8	16
3. Death	52	36	88	4	7	11
						99
						24
						...
						879

NUISANCES—

Notices to Owners—

Notices served on occupiers of houses—

Notices served on occupiers of food premises—

PLACES OF PUBLIC ENTERTAINMENT—

HOUSING ACTS—

Miller's Bridge Improvement Area—Re-inspections	...	...	...	...	98
Howe Street Improvement Area—Re-inspections	...	...	...	...	144
Housing Act, 1930, Section 17—					
Number of houses inspected	...	...	...	...	450
Informal notices served	...	...	...	...	450
Informal notices complied with	...	...	...	...	258
Number of houses where work is in progress at end of year	...	...	...	...	296
Statutory notices served	...	...	...	...	47
Statutory notices complied with	...	...	...	...	67
Number of inspections and re-inspections made	...	...	...	...	4460

COMMON LODGING HOUSES—

No. registered under the Public Health Act, 1875	...	...	...	...	4
No. of inspections	...	...	...	...	192
No. of informations laid in respect of infringements	...	...	...	...	—

CANAL BOATS—

No. of inspections and re-inspections of canal boats	...	...	...	...	69
„ infringements re certificates	...	...	...	...	1
„ infringements re cleanliness	...	...	...	...	2
„ infringements re painting	...	...	...	...	1
„ other defects	...	...	...	...	3
„ notices sent in respect of same	...	...	...	...	2
„ defects, or infringements where necessary work was done without service of notice	...	...	...	...	5

STEPS TAKEN TO PREVENT NUISANCE FROM SMOKE—

No. of observations made	...	...	...	...	...	...	...	31
„ intimations sent	...	...	...	...	...	...	...	5
„ notices served in respect of excessive black smoke	...	...	...	...	...	...	...	—
„ informations laid	...	...	...	...	...	...	...	—
Amount of fines and costs	...	...	...	...	...	...	...	—

DAIRIES, COWSHEDS, AND MILKSHOPS—

No. of cowkeepers and dairymen resident in the borough on register	...	18
„ milk purveyors (not cowkeepers) resident in the borough on register	...	84
„ milk purveyors resident outside the borough on register	...	26
„ premises registered as cowsheds or dairies or milkshops	...	69
„ inspections made—cowsheds 138, dairies and milkshops 319	...	457

PIGGERIES—

No. of premises	...	...	...	...	...	...	...	...	5
„ visits	...	...	...	...	...	...	...	...	54

STABLES—

No. of visits	34
---------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

RATS AND MICE (DESTRUCTION) ACT—

No. of visits re infestation	120
------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----

FOOD INSPECTION—

No. of visits to butchers' shops	...	...	...	...	...	...	...	481
„ „ fishmongers' shops	...	...	...	...	...	...	...	21
„ „ fried fish shops	...	...	...	...	...	...	...	25
„ „ dining rooms and kitchens	...	...	...	...	...	...	...	41
„ „ grocers' shops	...	...	...	...	...	...	...	56
„ „ fruiterers' shops	...	...	...	...	...	...	...	49
„ „ cold stores	...	...	...	...	...	...	...	24
„ „ ice cream premises	...	...	...	...	...	...	...	162
„ „ respecting observation of Merchandise Marks Acts	...	...	...	...	...	...	...	385

SUMMARY OF LEGAL PROCEEDINGS—

Public Health Act, Section 91	5
-------------------------------	-----	-----	-----	-----	-----	-----	-----	---

DISINFECTION : INFECTIOUS DISEASES—

No. of houses disinfected after notifiable infectious diseases	411
„ houses disinfected after pulmonary tuberculosis	179
„ houses disinfected after other diseases	6
„ houses cleaned in default of or at request of owners	15

All houses assessed at £15 per annum or less are cleaned after infectious diseases (i.e., the walls stripped and the ceilings whitened) by the Corporation at their own cost; in cases of pulmonary tuberculosis the Corporation strip, when necessary, whatever the rent.

LIST OF ARTICLES DISINFECTED—

Paillasses	173
Mattresses	5
Beds	252
Bolsters and Pillows	944
Blankets	825
Quilts	541
Sheets	466
Carpets	2
Heartrugs	15
Wearing Apparel	1329
Miscellaneous Articles	165
	<hr/>
	4717

The figures in the table do not include the ambulance bedding (one bed, one pillow and three blankets), which is disinfected after the removal of each case.

One hundred and thirty books were disinfected.

Ninety-four articles were destroyed at the request of the owners.

BUG INFESTATION—

Number of houses fumigated (Corporation 77, Private 24)	101
Number of vanloads of furniture treated with hydrogen-cyanide	217

FACTORY AND WORKSHOP ACT.

WORKSHOPS AND WORKPLACES (excluding Bakehouses)—

No. on register	95
No. of visits and re-visits	284
„ workrooms with dirty walls or ceilings	1
„ „ „ lavatories	—
„ „ „ floors	—
„ „ not properly ventilated	—
„ „ found overcrowded	—
„ defective drains and water closets	6
„ miscellaneous defects found	9
„ notices issued to occupiers	12
„ notices issued to owners	4
„ notices complied with	20
„ references to the Factory Inspector	—
„ „ „ Borough Engineer	1

FACTORIES—

No. of visits and re-visits	...	...	...	...	...	...	...	240
No. with insufficient or unsuitable sanitary accommodation	...	...	...	...	...	...	...	1
No. of insufficient drainage of floors	...	...	...	...	...	...	...	1
„ defective drains and water closets	...	...	...	...	...	...	...	—
„ cases of uncleanness	...	...	...	...	...	...	...	5
„ miscellaneous defects found	...	...	...	...	...	...	...	—
„ defects remedied	...	...	...	...	...	...	...	7

BAKEHOUSES—

No. on register	...	...	...	...	...	...	...	18
No. of visits and re-visits	...	...	...	...	...	...	...	52
„ bakehouses found dirty (walls, ceilings and floors)	...	...	...	...	...	...	...	3
„ notices issued for limewashing	...	...	...	...	...	...	...	4
„ notices issued for miscellaneous defects	...	...	...	...	...	...	...	—
„ bakehouses taken off the register during the year	...	...	...	...	...	...	...	—
„ bakehouses added to the register during the year	...	...	...	...	...	...	...	—

CONFECTIONERY BAKEHOUSES—

No. on register at end of year	...	...	...	...	...	...	...	22
No. taken off register during the year	...	...	...	...	...	...	...	1
No. added to register during the year	...	...	...	...	...	...	...	1
No. of visits and re-visits	...	...	...	...	...	...	...	49
No. found dirty (walls, ceilings and floors)	...	...	...	...	...	...	...	—
No. of notices issued for limewashing	...	...	...	...	...	...	...	2
„ „ „ miscellaneous defects	...	...	...	...	...	...	...	—

OUTWORKERS—

No. of outworkers on register at end of year	...	...	...	...	...	...	...	3
„ visits and re-visits made to houses of out-workers	...	...	...	...	...	...	...	49
„ notices served for sanitary defects at houses of outworkers	...	...	...	...	...	...	...	—
Outworkers employed in Bootle for Liverpool firms engaged in—								
Hosiery	...	...	...	...	...	...	...	1
Outworker employed in Litherland for Bootle firm:—								
Hosiery	...	...	...	...	...	...	...	1

APPENDIX 9.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

SAMPLES TAKEN DURING THE YEAR 1935.

Nature of Article.	Total.	Number of Samples taken for Analysis.		Number found Adulterated.	
		Informal	Formal	Informal	Formal
Milk	125	106	19	4	1
Condensed Milk	13	13	...	...	...
Cream	3	3	...	...	...
Butter	15	15	...	...	...
Margarine	13	13	...	...	...
Tea	4	4	...	...	...
Cheese	4	4	...	...	...
Coffee	1	1	...	...	...
Rice	5	5	...	...	...
Cocoa	2	2	...	...	...
Confectionery	2	2	...	...	...
Sausage	8	8	...	2	...
Lard	3	3	...	...	...
Extract of Coffee with Chicory	1	1	...	...	...
Ground Almonds	3	3	...	...	...
Pickles	4	4	...	2	...
Pepper	2	2	...	...	...
Epsom Salts	1	1	...	...	...
Tapioca	1	1	...	...	...
Aspirin Tablets	1	1	...	...	...
Self-raising Flour	6	6	...	...	...
Cascara Tablets	1	1	...	...	...
Salmon Creme	1	1	...	...	...
Salmon & Shrimp Paste ..	1	1	...	...	...
Blackcurrant Wine	1	1	...	...	...
Ginger Wine	1	1	...	...	...
Raisin Wine	1	1	...	...	...
Jam	3	3	...	...	...
Beef Suet with Rice Flour	1	1	...	...	...
Cochineal Solution	1	1	...	...	...
Custard Powder	1	1	...	...	...
Egg Substitute Powder ...	1	1	...	...	...
Essence of Almonds	1	1	...	...	...
„ „ „ Lemon	1	1	...	...	...
Fish Browning	1	1	...	...	...
Lemonade Powder... ..	1	1	...	...	...
Semolina	1	1	...	...	...
Tinned Sild... ..	1	1	...	...	...
Dripping	1	1	...	...	...
Baking Powder	1	1	...	1	...
Boracic Ointment B.P. ...	1	1	...	...	...
TOTALS	239	220	19	9	1

APPENDIX 10.

THE PUBLIC HEALTH (PRESERVATIVES IN FOOD)
REGULATIONS, 1925-1927.

Year 1935.

Nature of Article.	Number of samples examined for preservative.	Number of samples found correct.
Milk	125	125
Cream	3	3
Butter	15	15
Margarine	13	13
Condensed Milk ..	13	13
Custard Powder ...	1	1
Egg Substitute Powder .	1	1
Lemonade Powder ...	1	1
Salmon Crème	1	1
Salmon & Shrimp Paste	1	1
Sausages	8	7
Semolina	1	1
Tapioca	1	1
Extract of Coffee and Chicory .	1	1
Pepper	2	2
Confectionery ...	2	2
Jam	3	3
Blackcurrant Wine ...	1	1
Ginger Wine	1	1
Raisin Wine	1	1
Totals	195	194

APPENDIX 11.

RETURN relating to all persons who were treated at the TREATMENT CENTRE at BOOTLE GENERAL HOSPITAL during the year ended the 31st December 1935.

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than venereal.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
1. Number of cases on 1st January under treatment or observation.	108	40	3	—	190	41	12	3	313	84	397
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	14	2	—	—	28	4	—	—	42	6	48
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:											
Syphilis, primary	13	3	—	—	—	—	—	—	13	3	16
„ secondary	15	2	—	—	—	—	—	—	15	2	17
„ latent in 1st year of infection	3	1	—	—	—	—	—	—	3	1	4
„ all later stages	9	12	—	—	—	—	—	—	9	12	21
„ congenital	3	1	—	—	—	—	—	—	3	1	4
Soft Chancre	—	—	8	—	—	—	—	—	8	—	8
Gonorrhoea, 1st year of infection	—	—	—	—	113	26	—	—	113	26	139
Gonorrhoea, later	—	—	—	—	22	10	—	—	22	10	32
Conditions other than venereal	—	—	—	—	—	—	66	20	66	20	86
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection.	18	—	1	—	8	1	—	—	27	1	28
TOTALS OF ITEMS 1, 2, 3 & 4.	183	61	12	—	361	82	78	23	634	166	800
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15)	12	6	6	—	18	11	61	23	97	40	137
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary	3	2	—	—	—	—	—	—	3	2	5
„ secondary	2	2	—	—	—	—	—	—	2	2	4
„ latent in 1st year of infection	5	—	—	—	—	—	—	—	5	—	5
„ all later stages	14	8	—	—	—	—	—	—	14	8	22
„ congenital	—	3	—	—	—	—	—	—	—	3	3
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea, 1st year of infection	—	—	—	—	52	7	—	—	52	7	59
Gonorrhoea, later	—	—	—	—	22	1	—	—	22	1	23
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	26	7	—	—	23	22	—	—	49	29	78
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners	25	1	2	—	35	3	—	—	62	4	66
9. Number of cases remaining under treatment or observation on 31st December	96	32	4	—	211	38	17	—	328	70	398
TOTALS OF ITEMS 5, 6, 7, 8 & 9.	183	61	12	—	361	82	78	23	634	166	800

(These totals should agree with those of Items 1, 2, 3 and 4)

	Syphilis. M.	P.	Soft Chancere. M.	F.	Gonorrhoea. M.	F.	Conditions other than venereal. M.	F.	M.	Totals. F.	Totals
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment:											
Syphilis, primary	3	1	—	—	—	—	—	—	3	1	4
" secondary	2	1	—	—	—	—	—	—	2	1	3
" latent in 1st year of infection	5	—	—	—	—	—	—	—	5	—	5
" all later stages	11	3	—	—	—	—	—	—	11	3	14
" congenital	—	—	—	—	—	—	—	—	—	—	—
11. Number of attendances:—											
(a) for individual attention of the medical officers ...	3133	662	145	—	6114	750	351	86	9743	1498	11241
(b) for intermediate treatment, e.g., irrigation, dressing ...	—	—	—	—	3597	219	—	—	3597	219	3816
TOTAL ATTENDANCES ...	3133	662	145	—	9711	969	351	86	13340	1717	15057
12. In-patients:—											
(a) Total number of persons admitted for treatment during the year	3	1	1	—	3	6	—	—	7	7	14
(b) Aggregate number of "in-patient days" of treatment given	57	68	10	—	65	287	—	—	132	355	487
	Under 1 year. M.	P.	1 and under 5 years. M.	F.	5 and under 15 years. M.	F.	15 years and over. M.	F.	Totals. M.	F.	
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods ...	—	—	—	—	2	—	1	1	3	1	
	Arsenobenzene Compounds.				Mercury.		Bismuth.				
14. Chief preparations used in treatment of syphilis:—											
(a) Names of preparations ...	Neo-Kharsivan, Kharsulphan, and Sulpharsenal				Mercollloid		Metallic Bismuth and Bisglugol				
(b) Total number of injections given (out-patients and in-patients)	1025				48		954				
15. Are the tests recommended in Memo. V21 as amended by Memo. V21A followed in deciding as to the discharge of the patient after treatment and observation for syphilis and gonorrhoea?	MALE— Yes as far as possible, but as a large proportion of the patients are of the seafaring type, it is not always practicable to carry the tests out to a definite conclusion.										
If not, in what way are they modified?	FEMALE—Not quite. Syphilis: Negative blood and no clinical signs for two years after cessation of all treatment. Gonorrhoea: Negative smears from urethra and cervix and no discharge for 3 months after cessation of treatment.										

APPENDIX 11 (continued).

	Microscopical		Serum Tests		
	for spirochetes.	for gonococci	Wassermann.	Others for Syphilis.	for Gonorrhoea
16. Pathological Work:—					
(a) Number of specimens examined at and by the medical officer of the treatment centre	5	249	—	—	—
(b) Number of specimens from patients attending at the Treatment Centre sent for examination to an approved laboratory	—	202	420	—	—

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

	Bootle.		Liverpool.		Lancashire.		Various.		Total
	M.	F.	M.	F.	M.	F.	M.	F.	
A. Number of cases in Items 3 and 4 from each area found to be suffering from:—									
Syphilis	25	8	6	6	7	5	23	—	80
Soft Chancre	2	—	3	—	1	—	3	—	9
Gonorrhoea	51	18	22	12	34	7	36	—	180
Conditions other than venereal	33	12	9	4	18	4	6	—	86
TOTAL ...	111	38	40	22	60	16	68	—	355
B. Total number of attendances of all patients residing in each area	6960	1035	2537	440	3500	242	343	—	15057
C. Aggregate number of "In-patient days" of all patients residing in each area	20	177	26	110	3	68	83	—	487
D. Number of doses of approved arsenobenzene compounds given in the out-patient Clinic and In-patient Department to patients residing in each area.	578		202		193		52		1025

W. L. WEBB, M.B., Ch.B.,
RUTH NICHOLSON,

14th February 1936.

Medical Officers of the Treatment Centre.

APPENDIX 12.

VENEREAL DISEASES.

Annual Return of Pathological Examinations made during the year ended on the 31st December 1935.

At the University of Liverpool—

For detection of spirochaetes—	For Treatment Centre	...	...	...	—
	For Practitioners	...	...	...	—
For detection of gonococci—	For Treatment Centre	...	...	...	202
	For Practitioners	...	...	...	11
For Wassermann reaction—	For Treatment Centre	...	...	...	420
	For Practitioners	...	...	...	60

APPENDIX 13.

WORK DONE BY THE WELFARE VISITORS.

[illegible]

APPENDIX 14.

ANTE-NATAL CLINICS.

JANUARY 1ST TO DECEMBER 31ST, 1935.

[illegible]

APPENDIX 15.

RETURN to be made on or before the 10th of February 1936, by Mr. N. Lockwood, Vaccination Officer of the Bootle Registration District, respecting the Vaccination of Children whose births were registered from 1st January to 31st December 1934, inclusive.

Registration Sub-Districts comprised in the Vaccination Officer's District.	Number of Births returned in the "Births List Sheets" as registered from 1st Jan. to 31st Dec. 1934.	Number of these Births duly entered by 31st January 1936, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz. :					Number of these Births which on 31st January, 1936, remained un-entered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st January, 1936, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return.	*Total number of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1935.	Number of Statutory Declarations of Conscientious Objection received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1935.
		Col. I.	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.	Removal to places unknown, or which cannot be reached, and Cases not having been found.			
			Insusceptible of Vaccination.	Had Small Pox.								
i	2	3	4	5	6	7	8	9	10	11	12	13
BOOTLE ...	1541	1173	13	—	206	79	7	25	25	13	1500	205
Total ...	1541	1173	13	—	206	79	7	25	25	13	1500	205

5th February 1936.

N. LOCKWOOD, Vaccination Officer.

NOTE.—The total of the figures in columns 3 to 11 should agree with the figure in column 2. Any cases of children successfully vaccinated after the declaration of conscientious objection had been made should be included in column 6 above and not in column 3. The number of such cases should be inserted here:—Nil.

*The total in this column should be the number of Certificates of successful primary vaccination of children under 14, actually received during the year, including any relating to births registered in previous years. The total thus given should include the Certificates of successful primary vaccination, of which copies have been sent to Vaccination Officers of other Districts. The total number of Certificates for the year 1935 sent to other Vaccination Officers should be stated here :—336.

APPENDIX 16.

LINACRE HOSPITAL.—REVISED DIAGNOSES AND COMPLICATIONS.

SCARLET FEVER ADMISSIONS.		Booth	Lith- land	Form- by	DIPHTHERIA ADMISSIONS.		Booth	Lith- land	Form- by
Re-diagnosed as :—					Re-diagnosed as :—				
Scarlet Fever and Burns	...	3	—	—	Diphtheria and Burns	...	1	—	—
" " Chickenpox	...	1	—	—	" " Measles	...	2	—	—
" " Diphtheria	...	1	—	—	Adenitis	...	1	—	—
" " Impetigo	...	—	1	—	Epistaxis	...	1	—	—
" " Measles	...	2	—	—	Jaundice	...	—	1	—
" " Mumps	...	1	—	—	Laryngitis	...	4	—	—
" " Pertussis	...	1	—	—	Measles	...	3	—	—
Bronchitis	...	—	1	—	Measles and Vincent's Angina	...	1	—	—
Dermatitis	...	1	—	—	Nil	...	1	—	—
Diphtheria	...	1	—	—	Nephritis	...	—	1	—
Diphtheria and Burns	...	1	—	—	Pharyngeal Abscess	...	3	—	—
Measles	...	1	1	—	Pneumonia	...	1	—	—
Tonsillitis	...	3	—	—	Quinsy	...	1	—	—
Urticaria	...	1	—	—	Scarlet Fever	...	4	—	—
	...				Tonsillitis	...	59	9	1
Totals	...	17	3	—	Totals	...	82	11	1

APPENDIX 17.

METEOROLOGICAL DATA FOR 1935.

Supplied by the Liverpool Observatory and Tidal Institute.

Month.	Mean Barometer.	Mean Temperature.	Rainfall.	Mean Cloud
January ...	30·281 ins.	41·7°	1·267 ins.	7·1
February ...	29·664 ins.	43·0°	2·217 ins.	7·8
March	30·163 ins.	43·9°	0·776 ins.	6·9
April	29·790 ins.	46·2°	1·807 ins.	6·3
May	30·152 ins.	50·2°	1·685 ins.	5·2
June	29·838 ins.	56·2°	3·457 ins.	6·8
July	30·116 ins.	61·0°	2·272 ins.	5·9
August ...	29·994 ins.	60·4°	1·472 ins.	6·2
September ...	29·783 ins.	56·0°	4·823 ins.	7·1
October ...	29·752 ins.	49·4°	3·811 ins.	7·7
November ...	29·540 ins.	44·5°	3·358 ins.	7·5
December ...	29·616 ins.	38·6°	3·480 ins.	7·5
Year	29·891 ins.	49·3°	30·425 ins.	6·8

APPENDIX 18.

LOCAL POWERS RELATING TO PUBLIC HEALTH.

	Dates provisions became operative.
(1) ACTS OF PARLIAMENT ADOPTED BY THE COUNCIL.	
Infectious Disease (Notification) Act, 1889	8 April, 1891
Infectious Disease (Prevention) Act, 1890, sections 4, 5, 6 14, 16, 17, 18, 20, 21	11 Oct., 1893
Public Health Act Amendment Act 1890, Part III.	11 Oct., 1893
ditto. Part V.	2 June, 1920
Infectious Disease (Prevention) Act, 1890, section 15 ..	5 Sept., 1900
Public Health Act Amendment Act, 1907, section 95	11 Dec., 1908
Public Health Act Amendment Act, 1907, sections 22, 23, 24, 33, 35, 44, 50, 51, 52, 53, 54, 55, 57, 61, 62, 63, 64, 65, 69, 70, 71, 72, 73, 74, 75	20 Feb., 1915
Public Health Act, 1925, sections 13, 14, 15, 16, 17, 18, 19, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 36, 37, 39, 40, 41, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54 and 55	1 Dec., 1926
(2) BOOTLE CORPORATION ACTS AND ORDERS—	
Bootle Corporation Act, 1890	1 Sept., 1890
Bootle Order, 1897; confirmed by the Local Government Board's Provisional Orders Confirmation (No. 16) Act, 1897, relative to Sanitary Improvements	24 Mar., 1897
Bootle Corporation Act, 1899	8 Aug., 1899
Bootle Corporation Act, 1905	9 Nov., 1905
Bootle Order, 1914; confirmed by the Local Government Board's Provisional Orders Confirmation (No. 6) Act, 1914, relating to the substitution of moveable ashpits for fixed ashpits	13 Mar., 1914
Bootle Corporation Act, 1920	31 Mar., 1921
Bootle Order, 1927; confirmed by the Ministry of Health's Provisional Orders Confirmation (No 4) Act, 1927, relating to the substitution of ashbins for ashpits	24 Mar., 1927
Bootle Corporation Act, 1930	1 Aug., 1930
(3) BYE LAWS AND REGULATIONS IN FORCE IN THE BOROUGH--	
Slaughter Houses, 1887	26 May, 1887
Nuisances, 1887	7 Nov., 1887
Common Lodging Houses, 1894	25 June, 1894
Carriage of Offensive Matter through Streets, 1898	26 July, 1898
Hospitals provided by the Corporation, 1904	10 June, 1904
New Streets and Buildings, 1927	31 Oct., 1927
Removal of Refuse from Premises and the Cleaning of Privies, etc. (Repeal of former Bye-laws)	16 Dec., 1929
Smoke Abatement Bye-laws, 1930	15 Dec., 1930
Houses let in Lodgings, or occupied by members of more than one family	19 May, 1931
Nursing Homes	10 Dec., 1931
New Buildings	21 April, 1932
Howe Street Improvement Area	21 Sept., 1932
Miller's Bridge Improvement Area	1 Oct., 1934
Howe Street Improvement Area	1 Oct., 1934

